

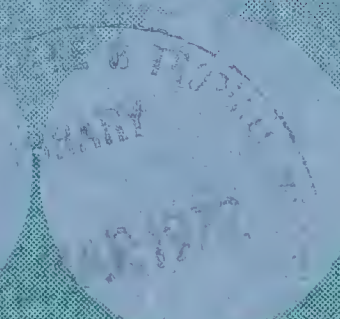
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PUBLIC HEALTH and SCHOOL HEALTH

in Southend on Sea

1970



The Annual Report of the Medical Officer of Health
for the County Borough of Southend on Sea

ANNUAL REPORT 1970

COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

1970 - 71

Chairman:

Alderman Mrs. V.E. Smith, J.P.

Vice Chairman:

Councillor Mrs. M.M.C. Bullock-Jarman

Members:

Alderman	R.E.J. Thomas
Councillor	W.F. Bowyer
"	G.A. Hurst
"	E.F. Hyde
"	Mrs. N.I. Goodman
"	P.J. King
"	E.W.J. Lockhart
"	Mrs. M.D.J. Myers
"	Mrs. B.S. Schofield
"	Mrs. E. Watson-Lamb

Co-opted:

J.C.Field,F.H.A.	Southend-on-Sea Group Hosp. Management Committee
Mrs.C.J.Raynham	Southend-on-Sea Local Executive Council
Dr. F. Emery	Southend-on-Sea Local Medical Committee

Ex Officio:

His Worship the Mayor - Alderman H.C.G. Hill



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Civic Centre,
Southend-on-Sea.

Telephone: Southend 49451

ANNUAL REPORT

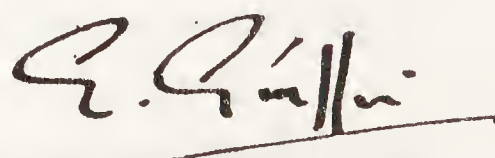
I present my report for the year 1970.

The second edition of the Green Paper on the future structure of the National Health Service was issued by the Secretary of State for Social Services, Mr. Richard Crossman, in February 1970. It was the subject of a full report to the Health Committee in April, 1970. Prior to this your Chairman had attended a meeting at Church House, Westminster on the second Green Paper at which Mr. Crossman had spoken and explained his views on the re-organisation of the Health Services. The second Green Paper showed marked differences to the first Green Paper but retained the basic characteristic of Area Health Boards to administer the three unified branches of the Health Service. The change of Central Government in June prevented immediate action on the lines of the Green Paper.

The Local Authority's Social Services Act 1970 received the Royal Assent on the 29th May, 1970. Subsequent circulars required the formation of a Social Services Committee by 1st January 1971 and the appointment of a Director of Social Services by 1st April, 1971. This legislation follows the Government's acceptance of the Seebohm Report concerning Local Authorities Social Services. The formation of the new department will present a challenge for the staff and need the co-operation of all concerned. Certain members of the Health & Welfare Department whose work is mainly concerned with Welfare will be transferred together with the staff of the Welfare Section and the Childrens Department to form the new Department.

Certain sections of the Chronically Sick and Disabled Persons Act 1970 came into operation at the end of August permitting the Council to make additional provision for the chronically sick and disabled people in the town. The provision of televisions, payment of television licences, provision of telephones were all new permissive powers and attracted national publicity. Numerous applications were received, each was considered on its merits by the Health & Welfare Committee.

I would like to take this opportunity of thanking all those who have contributed to this report and those who have assisted the Authority in their work, particularly the Hospital Management Committees, the Executive Council, St. John Ambulance Brigade and all the voluntary organisations, without whose help the Departments work would be so less effective. I am indebted to my colleagues, the Chief Officers of the Corporation and their staff for the assistance they have so willingly given throughout the year.



Medical Officer of Health

ANNUAL REPORT 1970

STAFF OF THE PUBLIC HEALTH DEPARTMENT (AT 31.12.1970)

Medical Officer of Health:

G.V. Griffin, M.B.,B.S.,D.P.H.

Deputy Medical Officer of Health:

M.R. Mellor, M.B.,Ch.B., L.R.C.P., D.P.H.

Senior Medical Officer:

Isabelle B. Barrie, M.B., Ch.B., D.R.C.O.G., D.P.H.

Senior Assistant Medical Officers:

2 Vacancies

Assistant Medical Officers of Health:

J. Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

E.G. O'Sullivan, L.R.C.P. + S.I., L.M.

Part-time Medical Staff: 5

Principal Dental Officer:

Mr. J. Stratford

Administrator, Health and Social Services:

R.W.G. Whitmore, A.C.I.S.

Chief Public Health Inspector

E.A. Ellis, M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector:

T.K. Aston, M.R.S.H., M.A.P.H.I.

Public Health Inspectors: 14

Student Public Health Inspectors: 1

Superintendent Health Visitor:

Miss E.M.M. Roberts, S.R.N.,S.C.M.,S.R.F.N.,H.V.Dip., H.V. Cert.

Health Visitors and School Nurses: 12 whole-time 7 part-time

Tuberculosis Health Visitor: 1

Superintendent of District Nurses and Non-Medical Supervisor of Midwives:

Miss D. Heaton, S.R.N., S.C.M., H.V. Cert., Q.N.

Principal Welfare Officer:

K. Golding, A.I.S.W.

Deputy Principal Welfare Officer:

S. Rhodes, C.S.W.

Senior Social and Mental Welfare Officers:

J. Hummel

W.L. Jones

K. Tolley

Social and Mental Welfare Officers: 9

Welfare Assistants: 6

Social workers for the Blind:

Miss E.V. Gallagher

Miss D.E. Elkington

Matrons and Superintendents of Homes:

Roche Close

Crowstone House

Pantile House

Whittingham House

Delaware House

Brook House

Priory House

Fairview House

J.M. Owen

Miss Baker

Mrs. R.S. Keen

Mrs. V..Kinh

Mrs. M. Sutherland

Mrs. M. Cupit

Mrs. Haslam

Mrs. M. Aspinall

Home Help Organiser: Miss J.D. Mordecai

Deputy Home Help Organiser: Mrs. Lumb

Chiropody Staff: Whole-time 1

Administrative Staff:

Senior Administrator, Family Health Services

Senior Administrator, Social Services

Senior Administrative Assistant (Health)

Administrative Assistant (Health)

Administrative Assistant (Welfare)

Administrative and Clerical Staff

S.F. Jupp

L. Mactavish

Miss A.M. Roberts

Mrs. G. Knight

F. Dupree

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SANITARY CIRCUMSTANCES OF THE AREA

Meteorology

The following is kindly supplied by the Meteorological Officer:

Total Sunshine for the Year	Sunniest Month	Days with Sunshine	Total Rainfall	Mean Temp	Prevailing Wind
1434.9 hours	June	290	20.17"	51°F	W. SW

Water

The statutory undertaker is the Southend Waterworks Company. Some water is obtained from deep wells but most is abstracted from rivers and all is treated. It is of moderate hardness, devoid of plumo-solvent action and as supplied has a high degree of purity. The Reservoir at Hanningfield provides adequate reserve against periods of drought.

The supply is piped and bacteriological examinations are made regularly by the Company of the water at various stages of its treatment and supply. Each week the Public Health Laboratory Service reports on bacteriological samples submitted by this Department and from time to time we obtain reports of the chemical analysis made by an independent laboratory.

The results of a typical sample show that the water is clear and bright in appearance, fairly alkaline in reaction and free from metals apart from a negligible trace of iron. The water is fairly soft in character; its contents of mineral and saline constituents are not considered excessive for a drinking water. It is of satisfactory organic quality and bacterial purity. The results indicate a pure and wholesome water suitable for public supply purposes.

Fluoridation

During the year under review no further action was taken on the question of fluoridation of the water supply.

**Common
Lodging
Houses**

There are no common lodging houses in the area.

Sewerage

Arrangements for sewerage are adequate.

THE WORK OF THE DEPARTMENT

**PUBLIC HEALTH ACTS 1936-68
NATIONAL HEALTH SERVICE ACTS 1946-52
NATIONAL ASSISTANCE ACTS 1948-51
MENTAL HEALTH ACT 1959
NATIONAL HEALTH SERVICE ACT 1946**

Section 21 - Health Centres

**Health Centre,
Campfield Road,
Shoeburyness.**

As mentioned in my report for 1969, work commenced on the building of the Council's first Health Centre (within the meaning of Section 21 of the National Health Service Act 1946) in Campfield Road, Shoeburyness late in 1969. Apart from the initial difficulties with the foundations of the building, the work was kept up to schedule and the building was completed and handed over on time at the latter end of November 1970.

The Health and Welfare Committee at its outdoor meeting held on the 6th July, 1970, visited the site and toured the building in its half finished state.

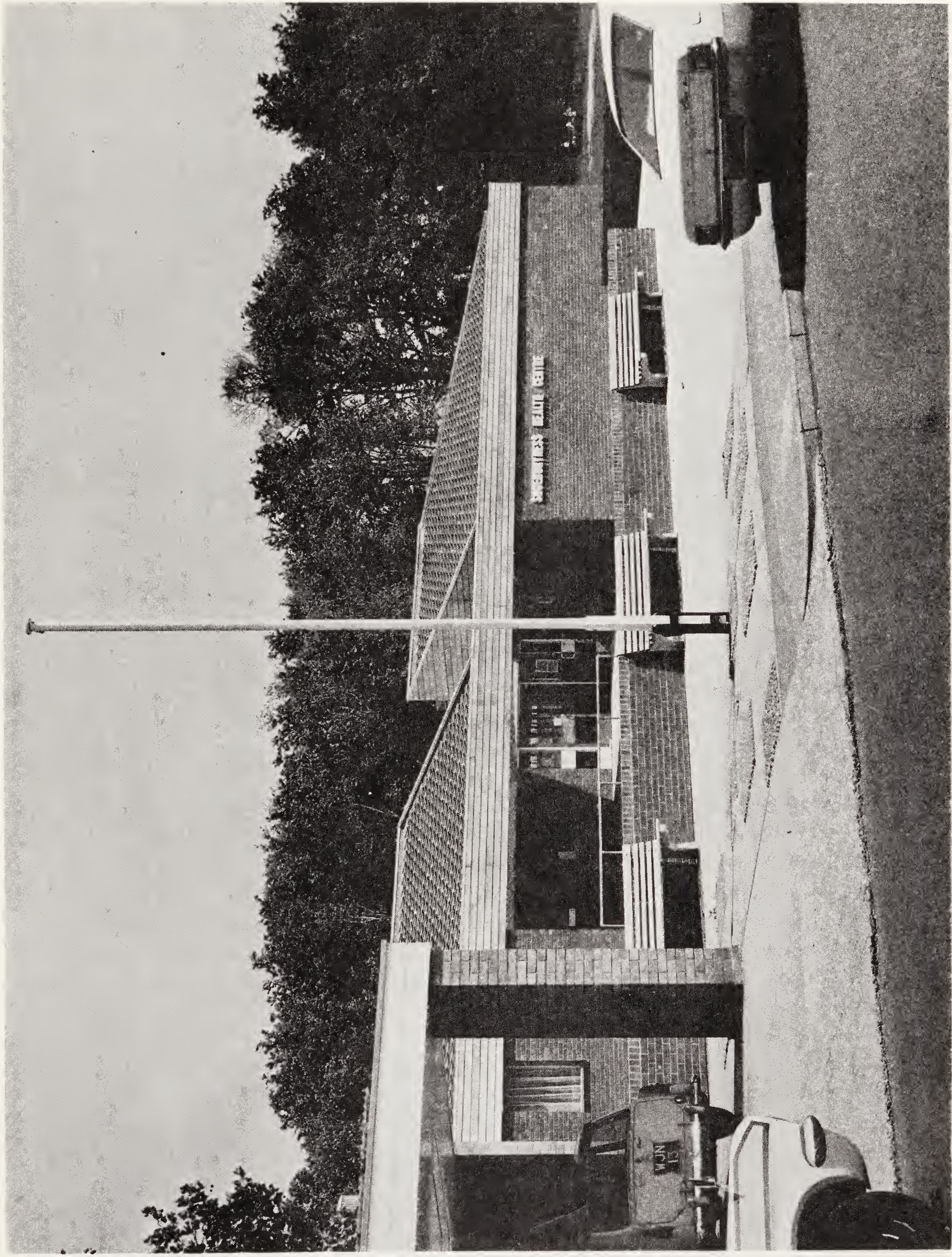
As the year proceeded a great deal of work was put in by the members of the staff of the Borough Architect's Department and of the Health Department in the ordering of equipment, furniture and fittings, for the new building. The first Infant Welfare Clinic was held in the building on 5th January, 1971.

During the latter part of 1970, negotiations proceeded between the Council and the Executive Council as to the terms of the Agreement to be made to enable the General Practitioners in the area to practise from the Centre. Good progress was made and although all the points in the Agreement were not resolved by the end of the year, it was anticipated that the Agreement would be signed and the doctors practising from the Centre by early 1971.

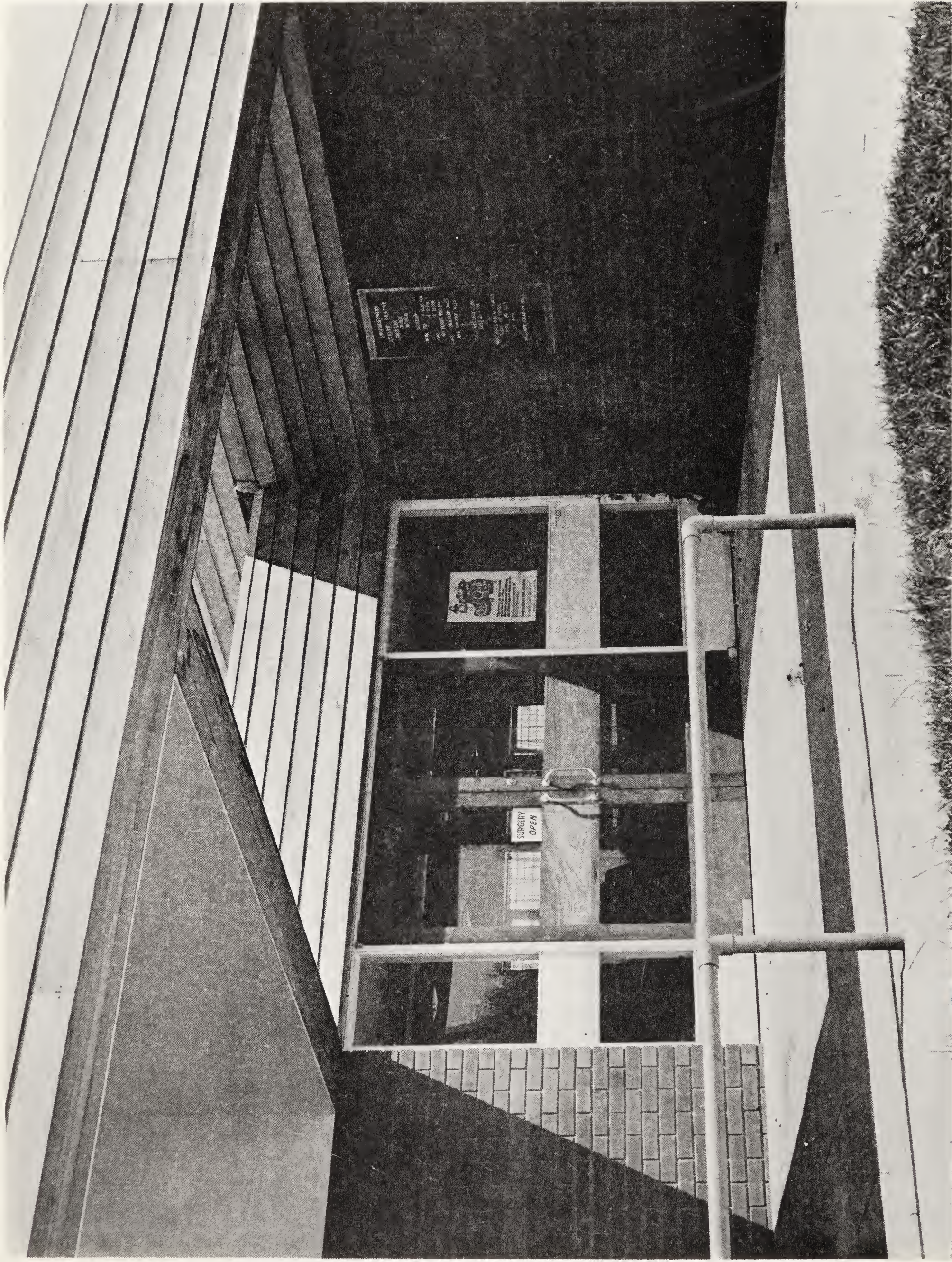
A number of trees in the grounds at the rear of the Health Centre were found to be heavily infected with Dutch Elm Disease on inspection by the Chief Parks Officer and consequently had to be felled and burnt.

**Central
Redevelopment
Area, Health
Centre**

The position regarding the Central Redevelopment Area, Health Centre, at the beginning of 1970 was that an informal submission of this proposal in very broad outline had been made to the then Ministry of Health in the latter part of 1969 and in April a meeting was held in the Civic Centre to which all General Practitioners in the Borough were invited, to discuss the project. Representatives of the Borough Architect, the Clerk of the Local Executive Council and Secretary of the Local Medical Committee were also in attendance. Following this, a meeting was arranged between the Ministry Officers, the Officers of the Local Authority and the Clerk of the Executive Council at the Department of Health and Social Security in June, when the whole project, including the Day Nursery and the para-medical facilities were discussed. At that meeting it was agreed that the representatives of the Department of Health and Social Security should come down and visit the site to obtain a better idea of the proposals and the Department's representatives came to Southend on the 26th August. After this meeting, which was of considerable help in relating the various proposals for this complex together, the representatives of the Department of Health and Social Security made suggestions relating to the design of the building and requested that these be incorporated in proposals to be re-submitted to the Department. This was done and the plans, specifications, draft schedules of accommodation etc., were passed to the Department in early 1971.



Shoeburyness Health Centre
View from Campfield Road



Main Entrance
Shoeburyness Health Centre



District Nurses & Midwives Office
Shoeburyness Health Centre



Treatment Room
Shoeburyness Health Centre

**Municipal
Health Centre**

The need to press ahead with the construction of the new Central Health Centre has been made more urgent by the proposal to demolish part of the Warrior Square Municipal Health Centre fronting on to Porters Grange Avenue, which is required for road widening purposes. The Old Education Offices which were for some years used as the senior section of the Junior Training Centre will be vacated at the beginning of 1971 when the trainees move into the Maybrook Training Centre on Southchurch Road, this will provide some accommodation for the clinics, consulting rooms etc., which will be lost when the demolition takes place. The area to be demolished is, however, considerably less than that vacated and conditions will be very constricted in what is left of Warrior Square after the demolition has taken place.

**Kent Elm
Health Centre**

Work on the plans, specifications and quantities for the construction of another storey on Kent Elms Clinic to transform the building into a Health Centre was well ahead at the beginning of the year. When the Capital Programme was being considered in July of 1970, however, the Programme was re-arranged and it is now hoped that a start can be made on the project during 1971. In the meantime, an informal submission of the scheme was made to the Department of Health and Social Security and a request for further information was received by them on the 1st of September. Following this a meeting was held at Alexander Fleming House on the 27th October and after a meeting of the General Practitioners who had expressed an interest in practising from the Centre, which was held in November, 1970, further information and line drawings were in process of preparation by the Borough Architect. Towards the end of the year, when the Capital Estimates were being reconsidered, the question of the provision of a Health Centre at this site was referred back by the Council for further consideration to the Health Committee, and a comprehensive verbal report was made to the meeting on the 18th November, 1970.

**Burnham Road,
Leigh-on-Sea**

No action was taken during the year on the proposal to build a Health Centre on the site of the Leigh Clinic in Burnham Road.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN (See Tables 7 - 13)

Clinics

Clinics continue to be held at the following Centres:-

Municipal Health Centre Porters Grange Avenue	-	Mondays, Tuesdays, Thursdays and Fridays
Leigh Clinic 70 Burnham Road	-	Mondays and Thursdays until 30.4.1970 and thereafter Mondays and 2nd and 4th Thursdays
Westcliff Clinic 415 Westborough Road	-	Tuesdays and Fridays
Kent Elms Clinic Rayleigh Road	-	Wednesdays and Fridays - Health Visitors Clinic Medical Officer attends 1st, 3rd and 5th Fridays in each month
Blenheim Clinic St. James' s Church Hall	-	Alternate Wednesdays - Health Visitors Clinic
Manners Way Clinic St. Stephen's Church Hall	-	2nd and 4th Tuesday in each month - Health Visitors Clinic
Earls Hall Clinic Earls Hall Baptist Church	-	1st, 3rd and 5th Tuesdays in each month - Health Visitors Clinic Medical Officer attends 3rd Tuesday in each month
North Avenue Clinic Ferndale Road Baptist Church	-	Thursdays - Health Visitors Clinic
Thorpedene Clinic Maplin Way	-	Wednesdays and Fridays - Health Visitors Clinic Medical Officer attends 2nd and 4th Fridays in each month
Shoebury Clinic Council Offices, High Street	-	Until 15.12.70. 1st, 3rd and 5th Tuesdays in each month - Health Visitors Clinic Medical Officer attends 1st Tuesday in each month

Although the total of attendances at all clinics fell by 1,619 the number of individual children in all age groups attending actually increased by 8. Of the 2103 infants born in 1970, 1,779 visited the clinics making a total of 13,203 attendances - a reduction of 837 compared with the previous year but **this is to be expected** in view of the 38 fewer live births in 1970. Of children born in 1969, 1,453 - an increase of 81 compared with the previous year's similar group attended the clinics, although they made 583 fewer attendances. Children born between the years 1965 and 1968 of whom there were 723, made 2,147 attendances, 199 fewer than in 1969.

Re-arrangement of ante-natal clinic sessions at Leigh Clinic involved reducing the frequency of the Thursday afternoon child welfare session from weekly to twice-monthly. This arrangement took effect on 1st May. At North Avenue clinic, hitherto a Health Visitor's Clinic, it was possible to allocate a Medical Officer from May 22nd, but unfortunately due to health reasons, this was only a short-lived arrangement and it was terminated in mid-June.

**Welfare and
other foods**

The distribution of National Dried Milk and vitamins at clinics by the W.R.V.S. and by certain retailers was continued.

Sales of National Dried Milk continued to decline, there being 3,292 fewer packets sold compared with the previous year. Sales for 1970 were less than half those of four years ago. The marked reduction in the sales of proprietary foods distributed to Child Welfare Clinics which was noted last year was virtually halted, 15,235 packets being sold in 1970 compared with 15,942 in 1969. The demand for cod liver oil was reduced by 10%; the sale of vitamins remained steady, while orange juice returned to its popularity of four years ago, 45,237 bottles being sold. One is tempted to conjecture whether there is not a tendency for this commodity to be used more as a pleasant beverage than a source of vitamins. It will be interesting to see whether the new vitamin drops proposed for 1971 enjoy equal popularity.

**Ante-natal
Clinics**

Clinics continue to be held at the following Centres:-

Municipal Health Centre	-	Tuesdays, Thursdays & Fridays 9.15 a.m.
Leigh Clinic	-	1st, 3rd and 5th Tuesdays in each month until 30.4.70 Thereafter 1st, 3rd and 5th Thursdays - 2.00 p.m.
Kent Elms Clinic	-	2nd and 4th Tuesdays in each month until 30.4.70. Thereafter weekly - 2.00 p.m.
Westcliff Clinic	-	Wednesdays 10.30 a.m. and 2.00 p.m.
Thorpedene Clinic	-	Mondays 2.00 p.m.

The total of expectant mothers attending showed an increase of 116, rising from 2,415 in 1969 to 2,531 this year. Total attendances however, fell from 9,979 to 9,355, reflecting no doubt the greater degree of participation by general practitioners in their patients' ante-natal care. Because of increased demand in the Kent Elm Clinic area, a weekly clinic was instituted from May 1st 1970 replacing sessions held on the 2nd and 4th Tuesdays only of each month. An additional 88 expectant mothers made 257 more attendances at this clinic than in the previous year. Thorpedene Clinic showed the greatest variation; there were 36 more mothers attending during the year, but the total attendances fell from 855 to 598.

**Blood
Examinations**

Routine examination is undertaken for A.B.O. and Rh grouping, Rh antibodies and haemoglobin. The V.D.R.L. test (approximating to the Wassermann reaction rest) is also made. Three serum positive reactions occurred in 1,564 tests.

**Post Natal
Clinics**

Clinics continue to be held at the following centres:

Municipal Health Centre	-	1st, 2nd and 3rd Thursdays until 30.9.70 Thereafter 1st, 3rd and 5th Thursdays
Leigh Clinic)	Combined with Ante-natal sessions
Kent Elms Clinic)	
Westcliff Clinic)	
Thorpedene Clinic)	

There was a reduction of 49 in the number of individual mothers who attended post natal clinics, although their total attendances fell only from 993 to 964. Mothers who wish to do so, may attend their family doctor for post-natal examination.

**Relaxation and
Mothercraft
Classes**

The number of expectant mothers attending rose slightly from 481 to 489, their attendances at 3,162 represented an increase of 164 compared with the previous year. With one exception, these classes are held in the peripheral clinics where the mother, no doubt, also obtains at least part of her ante-natal care. Because of shortage of space at the Municipal Health Centre, the class serving the central area of the Borough, continued to be held in York Road Methodist Church Hall.

**Unmarried Mothers
and their Children**

Of the 228 illegitimate births recorded in the Borough, 18 became the responsibility of the Health and Welfare Committee who provided residential accommodation at Mother and Baby Homes outside the area through the agency of the Southend-on-Sea Branch of the Chelmsford Diocesan Moral Welfare Association (WEL-CARE); in addition, 11 girls were given shelter accommodation at Beechwood, 2 Westborough Road, Westcliff-on-Sea. A great deal of assistance was afforded through WEL-CARE to others who did not require residential help. Assistance was also given by the Health Visiting staff and by the staff of the Children's Department.

**Hospital Maternity
Services Liaison
Committee**

Under the Chairmanship of Mr. W. Keith-Sutton, F.R.C.O.G., The Hospital Maternity Services Liaison Committee continued its valuable role throughout the year, enabling close consultation to take place between all those concerned with maternity services.

**Congenital
Malformations**

Notification by the Maternity Unit at Rochford Hospital and by domiciliary midwives of congenital defects found at birth, which is complete and satisfactory, is confirmed by subsequent enquiry at a later date and a periodic report is sent to the General Register Office. In appropriate cases the child's name is placed on the Observation Register for periodic follow up.

**Maternal
Mortality**

Unhappily, three maternal deaths were recorded during the year. Two were caused by pulmonary embolism and one, which took place in the Intensive Therapy Unit at Southend General Hospital, by an ectopic pregnancy. This gives a total of eight maternal deaths since August, 1957.

**Stillbirths &
Infant Mortality**

The number of Stillbirths during the year (27) gives a ratio of 13 per 1000 total births which is the same as the provisional national figure.

The number of infant deaths, i.e. under 1 year, was 42, giving a rate of 20 per 1000 live births against a provisional national figure of 18 per thousand live births. Of these 42 who died in the first year, 27 died within the first week of life and a further 5 within four weeks of birth.

Combining the stillbirth figure with figures for deaths within the first month of living gives a peri-natal mortality rate of 25 per 1000 total births against a national figure of 23.

This is unsatisfactory.

PREVENTIVE DENTISTRY

Unfortunately at some time in our life we will be afflicted with dental disease in one form or another so I feel we should try and hold off its initial attack for as long as possible and when an attack has started keep the resultant destruction of dental tissues (both gum and teeth) to a minimum. An outline of the factors which will help delay dental disease is pertinent.

Nutrition

A good standard of nutrition and diet planning as well as meal timing is essential.

Periodic screening or inspection

Periodic screening or inspection to see that oral hygiene is being carried out satisfactorily will ensure that there are no natural defects in teeth nor mal positioning leading to damage to teeth, gums and jaws in chewing. Irregularly positioned teeth may cause difficulty in cleaning which may lead to decay or a gum condition. At these inspections it is also possible to advise on mouth breathing, thumb sucking, and growth and developmental defects. Fluoridation of Public Water Supplies can retard dental decay, although it has little or no effect on gum diseases. Topical fluoride and the use of fluoride toothpastes should also be encouraged. For those taking part in physical sports and games where injury could occur, adequate mouth guards should be provided.

Treatment

Treatment of all tooth or gum lesions as soon as they are detected, including restoration of the function of a natural tooth and its supporting tissues, would help achieve this end as would the replacement of lost or extracted teeth by suitable appliances so that the force exerted when the jaws are closed is evenly distributed preventing further destruction. It is not always realised that the average person can exert more muscular force by contracting his jaw muscles than he can by flexing his arm muscles.

Orthodontic Treatment

Orthodontic treatment, means altering the position of the teeth in the jaws; it may be necessary in some cases because a tooth may be badly positioned in the jaws. Such teeth can be repositioned so that they add to the masticatory efficiency of an individual. By repositioning irregular teeth the Orthodontist enables them also to be cleaned with greater ease.

Summary

The best hope for prevention or minimisation of dental disease lies in a combined attack using fluoridation, dietary improvements, oral hygiene and regular periodic inspections and examinations and early treatment.

It should be remembered one is not necessarily doomed to lose one's teeth - our aim should be 'teeth for life'.

REPORT OF THE PRINCIPAL DENTAL OFFICER

Staffing

After an unproductive start to the year, due to staff changes, there has been an improvement since the appointment of a Principal Dental Officer in June, the clinic now being operational on a full time basis. The dental record filing system is undergoing reorganisation and modernisation following the recent appointment of a dental filing clerk, and should be completed within the year.

New equipment

Since June we have been fortunate to receive a new anaesthetic machine and a new X-ray darkroom has been set up which now enables more advance forms of dental treatment to be carried out.

Pre-School Service

During the year the attendance of pre-school age children seeking treatment has been similar to that of the previous year. It must be noted however that this included a higher proportion seeking treatment for the relief of pain than attending for routine care. It is hoped to increase the routine treatment of pre-school children with the staff improvements and the additional facilities available.

Maternity Service

Expectant and nursing mothers are referred to the Department via the ante-natal clinic. These patients include those who seek a complete course of treatment because they have no private dentist in the town and those who seek only emergency treatment for the relief of pain. It is hoped to expand this service in due course.

SECTION 23 - MIDWIFERY SERVICE

There has been no major change in 1970 in the Domiciliary Midwifery Service. Training of Part II pupil midwives continued all of whom were successful in passing their examinations during 1970. Altogether the midwives conducted 307 home deliveries, a reduction of 20 on the previous year. 1050 mothers were discharged home early after delivery in hospital and nursed by the domiciliary midwives. In all, 3295 ante-natal visits were made and 14,677 nursing visits to mothers delivered at home and discharged early from hospital, a slight decline from last years figures. Trilene was administered to 197 patients delivered at home. Pethedine and Pethilorfan was given on 194 occasions.

Phenylketonuria Screening

The Guthrie Tests on all infants' blood have continued and it is interesting to note that only two patients have refused to have this test carried out on their babies.

SECTION 24 - HEALTH VISITING (See Table 21)

G.P. Attachment

During the year two health visitors were "attached" to separate general practitioner group practices, a move which, after an initial period of adjustment is proving satisfactory.

Staff

Mrs. M. Townsend, previously in post as Deputy Superintendent health visitor in Southampton moved to Southend, joining the staff as a health visitor on 31.3.70.

Mrs. E. Delve commenced duty as school clinic nurse on 17.3.70.

Miss M. Brennan, a well liked and respected health visitor retired on 31.3.70 returning to part-time duty after a short interval.

Miss F. L. Blackburn was appointed a Group Adviser health visitor in June, and Miss Gaillard (now Mrs. Kipling), Miss G. Simpson and Mrs. M. Townsend became Field Work Instructors for this authority on 1.6.70., Miss P. Reeves successfully passed the First part of the University of London, Extension Course, Diploma in Nursing and attended the Field Work Instructors Course commencing at Barking Regional College of Technology in October.

Two health visitors under training, Miss Window and Mrs. Donaghue were appointed in August spending a period in the department prior to entry into college in September. Mrs. C. Burchill, sponsored in 1969, returned in July for her period of three months supervised practice prior to obtaining her full qualification as a health visitor on 25.9.70.

Miss G. Hill resigned, leaving on 6.12.70.

School Nursing

The general work of the full-time school nurse has shown a marked increase during the year and the programme of vision/hearing screening tests gathers momentum. We are fortunate in having three enthusiastic nurses carrying on this valuable work. The appointment of a health visitor/health educator has also proved advantageous, her advice being helpful to those with whom she has come into contact. At the close of the year, the number of staff in post was still below establishment, and we are indebted to the part-time health visitors for their valuable assistance.

SECTION 25 - HOME NURSING (See Tables 22 - 24)

This as usual was a very busy year for the Home Nursing Section; a total of 110,679 visits were made by district nurses to 4562 patients. Of these 77,096 visits were to patients over 65 and 437 to infants under 5, a big increase on the previous years figures with no increase on new cases.

Miss Bullen, Deputy Superintendent, left to take up an appointment in Huntingdonshire. Miss J. Kimpton succeeded her on June 8th. Mrs. Dawson retired in June after 12 years service. Other staff changes include 2 district nurses leaving for personal reasons while 3 nurses were appointed to the staff. Again as last year 4 nurses undertook district nurse training and all were successful in passing the State examination.

The bath-attendants continued to give good service, the numbers being increased by 4 part timers.

The Marie Curie Day & Night Nursing Service for patients with malignant disease is still very much appreciated. Other points of particular interest are that there are more surgical dressings being done because of many more surgical cases coming home earlier. The attachment of district nurses to general practitioners is also proving successful.

SECTION 26 - VACCINATION AND IMMUNISATION **(See Tables 25 - 27)**

Weekly Sessions

Weekly sessions for vaccination and immunisation continued to be held at Kent Elms, Leigh, Thorpedene and Warrior Square Clinics until the middle of the year when due to demand in the Westcliff area it was decided to discontinue the weekly clinic at Thorpedene and to hold sessions there instead on the first and second Thursday in each month and at Westcliff Clinic on the third and fourth Thursdays.

Attendance

Although the total number of children completing primary courses of immunisation showed an overall increase compared with 1969, the proportion of these attending the Council's clinics fell slightly. The reverse was true of children receiving reinforcing doses. The numbers attending the Council's clinics rose markedly, while those immunised by private practitioners fell only slightly. This gratifying increase reflects the advantages of the appointment system, with follow-up of defaulters. The most serious obstacle to obtaining a child's attendance for booster doses before his admission to school is the difficulty in locating him. Families can move many times between completion of measles and smallpox vaccination in a child's second year of life and his attaining the age of 4½ years. Under present arrangements the unprotected child cannot be identified until the time of his first medical examination in infant school.

Vaccination of Travellers proceeding abroad

1307 vaccinations were performed, an increase of 40 compared with 1969.

Protection against Cholera, Typhoid, Tetanus, Yellow Fever and Smallpox continued to be available. As a Yellow Fever vaccination centre, the Municipal Health Centre serves both residents in the Borough and those in surrounding parts of Essex. In the past it had been possible for the full facilities of the immunisation centre to be made available to all irrespective of residence but in November 1970 because of the increased demands on the clinic, it was necessary to restrict vaccination against diseases other than Yellow Fever to residents of the County Borough.

SECTION 27 - AMBULANCE SERVICE **(See Tables 28 - 30)**

The administrative arrangements were as in previous years.

The local division of the St. John Ambulance Brigade provides, as the Corporation's agent, an accident and invalid transport service including the conveyance of infectious patients. Walking cases are conveyed by the Health Department's two sitting case ambulances (fitted with hydraulic lifts for the conveyance of chairbound patients), by the Hospital Car Service and by cars of the Council's central transport pool. Use is also made in suitable cases of the facilities provided by British Rail

when it is necessary for patients to travel to and from Hospitals etc. in London and other more distant areas.

Mileage has decreased by 11,184 (2%) and patients by 1,093 (1%) compared with increases of 41,552 (8%) and 7,937 (8%) in 1969. A comparison of 1970 with 1961 shows increases of 133,149 miles (33%) and 16,145 patients (18%).

Patients conveyed by car account for 69% of the total compared with 68% in 1969 and 61% in 1961. Car mileage in 1970 is 73% of the total - as in 1969 - compared with 63% in 1961.

The annual costing return supplied by the Department of Health and Social Security for the financial year ended 31st March, 1970 shows that the average cost per 1,000 population for all 78 County Boroughs in England is £616. Southend's cost per 1,000 population is £479, and only 9 other County Boroughs show an average cost per 1,000 below that of Southend.

St. John Ambulance Brigade

702 (4%) fewer patients were conveyed by the Brigade during 1970, and mileage has decreased by 5,967 (5%). This small reduction relates almost entirely to journeys of patients to local hospitals and clinics, including Rochford General Hospital. Figures in respect of journeys to other hospitals outside the Borough show no appreciable change.

Corporation Lift Ambulances.

Figures for the Health Department's two Lift Ambulances show no change of any significance. There is a small decrease of 405 patients (2½%) and a small increase of 876 miles (3½%). The analysis of journeys indicates that these two ambulances are used almost exclusively for the conveyance of patients attending Southend General Hospital and other local clinics.

Corporation Car Pool

In 1970, Corporation Car Pool cars conveyed 23% of the total number of patients provided with Ambulance Service transport and ran 25% of the total mileage. Mileage has increased by 6,640 (5%) and patients by 3,029 (14%), compared with increases of 24,092 (23%) and 2872 (16%) last year. It is interesting to note that 98% of the patients conveyed by this service attend at either Rochford General Hospital or Runwell Hospital, and that the vast majority of this 98% are patients who travel to the two Psychiatric Day Units during the day and return to their own homes at the end of each day.

Hospital Car Service

During the year the excellent work done by the hospital car service continued and in the Autumn the A.M.C. advised the Council of certain alterations in the scheme of payments of mileage rates to hospital car service drivers. Under the old scheme a flat rate payment for the first 1,000 miles was made and this was reduced by 1d. a mile for mileage over the first 1,000. Under the new arrangements the reduction by 1d a mile after the first 1,000 miles was abandoned.

The recommendation also increased the basic mileage rate by 1d. a mile, but as the Council were already paying 1d. per mile in excess of the A.M.C.'s previous recommendation, all that was necessary was the abandonment of the reduced rate after the running of the first 1,000 miles.

The analysis for 1970 shows reductions of 12,733 miles (4½%) and 3015 patients (6%), compared with increases the previous year of 16,247 miles (6%) and 5,165 patients (11%). During 1970 the Hospital Car Service conveyed 46% of

all patients and ran 48% of the total mileage. The reduction comprises 3,122 fewer patients conveyed to local Hospitals and Clinics, including Rochford General Hospital against an additional 107 patients conveyed to and from London Hospitals and other destinations outside the Borough. In spite of the fact that for over two months during 1970 the Limb Fitters at Roehampton, Gillingham and Cambridge were on strike, the number of patients who were taken to and from these three Centres by the Hospital Car Service increased from 783 to 835.

Transport by Rail

951 patients were conveyed by rail during 1970, 158 more than in 1969. The analysis of journeys shows how the use of this service relieves some of the pressure on ambulances and cars which are required for the conveyance of patients to London Hospitals.

From figures published in the Department of Health's Annual Costing return for 1969/70 it can be seen that no other County Borough made such extensive use of rail journeys. During that period Southend C.B.C. arranged for 816 patients to travel 31,274 miles by rail. The averages for all 78 County Boroughs are 96 patients and 9,109 miles.

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTERCARE (See Tables 31 - 33)

Tuberculosis

Dr. E.G. Sita Lumsden, Consultant in Chest Diseases, reports that 330 new contacts were examined at the chest clinic during the year, of whom 12 were found to be suffering from tuberculosis. Contacts of patients made 692 attendances.

There were 27 households in the borough in which an individual was known to be excreting mycobacterium tuberculae at some time during the year. The 27 patients were classified as follows:-

- (a) 20 were positive for the first time
- (b) 2 were relapsed patients known to have been positive in the past
- (c) 5 were known positive cases.

The responses were:-

- (a) 15 were rendered sputum negative
- (b) 1 remained positive and 4 died

Although there is rarely any difficulty in securing immediate admission to hospital for patients who require it, there are some for whom care at home, or at least part of the illness is desirable. The success of home treatment owes much to the Home Nursing Service which paid 1,435 home nursing visits during the year to a total of 29 patients. During the year the Home Help Service provided help for 6 households, the same number as in 1969. A daily issue of 1 pint of milk was made to 6 patients compared with 9 in the previous year; 1,803 visits were paid by Mrs. C. Wilson, Tuberculosis Health Visitor, who also attended an average of 5 sessions at the clinic each month.

Tuberculosis After care Committee

This Committee which is comprised of members nominated by the Health Committee and members nominated by the Southend-on-Sea Guild of Health continued to help a small number of cases although the amount of tuberculosis in the community has been rapidly declining. It has been agreed that the Committee

will take on the administration of financial assistance to some chest patients other than those suffering from pulmonary tuberculosis.

The following statistics furnished by the Secretary, Mr.T.D.Garner, relate to the Tuberculosis Aftercare sub-committee of the Guild of Help to which the Council make a grant. The amount dispersed by the Guild amounted to £56. 4. 2d. as compared with £69. 10.0d. in the previous year.

Type of Assistance	Number Assisted	Cost
Insurances	1	£ 3. 7. 2d.
Fares for Visiting Hospital	1	£ 2. 0. 0d.
Clothing	2	£17. 0. 0d.
Special needs (extra nourishment and television licence)	2	£ 9. 0. 0d.
Christmas grants	12	£24.12. 6d.
Total Number of cases assisted	13	£56. 4. 2d.

B.C.G. VACCINATION

Contacts

A total of 97 children and close relatives of patients suffering from Tuberculosis were vaccinated with B.C.G. by the Hospital Service, 24 more than last year.

School Children

During each of the first three years of secondary education pupils are offered the Heaf Test by the Authority. The acceptance rate this year improved slightly from 93.3% to 94.1%; the natural positive rate fell from 1.98% to 1.52%, while the conversion rate was marginally higher. Subsequent to the skin tests X-ray examination is arranged for Grade 2, 3 and 4 reactors, a facility also extended to the families of the two latter groups.

No active disease was found in families of children with a marked reaction, although four children following a positive reaction were kept under surveillance. One of these, a boy who had given a tuberculin negative reaction in March, 1969, but who was strongly positive in March, 1970, was sent for a chest X-ray. The film showed what was thought to be a resolving primary infection in the left lung. He was due for repeat X-ray in July, but in early June became ill and was admitted to hospital for investigation and initiation of treatment. There was no evidence of infection in his immediate family and in fact no source of infection was ever found. The boy made excellent progress and returned to school after the Spring half-term.

Pupils from five private schools were included in the B.C.G. Vaccination scheme. Seventy-nine were tested, their natural positive rate being 1.32%. Of this school population, 2.63% had already been vaccinated with B.C.G. The pupils at the Junior Training Centre were again skin tested with satisfactory results and, where indicated, B.C.G. Vaccination carried out. Pupils who had been vaccinated previously are Heaf tested in their third year so as to defer any re-vaccination which may be required until they are about to leave school to enter an environment where

the risk of infection are increased. Of pupils who had been vaccinated only one produced a grade three reaction and none grade four; twelve out of nineteen pupils who had again become skin negative were re-vaccinated.

CHIROPODY SERVICE

Previous reports have commented on the increasing difficulties being experienced in providing a chiropody service. These difficulties spring mainly from lack of staff, a vacancy since 1968 has not been filled for lack of applicants. During the latter part of 1969 investigations were carried out in the Department on alternative methods of providing the service. Consideration was also given to methods adopted by other Authorities. It was considered that the most suitable alternative to the clinics was to enlist the aid of the registered chiropodists in the Town to treat eligible patients in their own surgeries by appointment.

Use of Registered Chiropodists

The new scheme came into operation on 4th May 1970. Patients are treated by registered chiropodists in private practice. The patients are referred to the chiropodists by the Health Department to be treated either in the chiropodist's surgery or, if necessary, at the patient's own home.

Full and accurate clinic records of treatment given to each patient are maintained by the chiropodist.

Since the introduction of the new system the very long waiting list of last year has been absorbed. Both the patients and the chiropodists are satisfied with the new scheme.

The chiropodists taking part in the scheme as at the 31st December, 1970 were:-

Mr. W.A. Allaway, L.Ch., 716 Southchurch Road, Southend
 Mr. J. Hyams, M.Ch.S., 106 Valkyrie Road, Westcliff
 Mr. L.J. Moore, L.Ch., 7 Alexandra Street, Southend
 Mrs. S. Smith, M.Ch.S., 64 Snakes Lane, Southend
 Mr. J.C. Taylor, M.Ch.S., 9 East Street, Prittlewell, Southend
 Mr. R.S. Turner, M.Ch.S., 1187 London Road, Leigh-on-Sea.
 Mr. A.E.B. Gauden, M.Ch.S., 18a London Road, Southend
 Mr. J.E. Young, M.Ch.S., 17 Marine Close, Leigh-on-Sea

	<u>Clinic/Surgery</u>	<u>Domiciliary</u>	<u>Total</u>
No. of treatments given	5817	1666	7483
No. of persons treated	1442	658	2100

ILLNESS GENERALLY

Convalescent & After-care homes

During the year 45 patients were provided with recuperative holidays or aftercare for periods of up to three weeks. The total cost was £894. 15. 8d. towards which patients or their relatives contributed £110. 16. 4d.

Home Nursing Requisites

Requisites most commonly in demand are supplied on loan by the local division of the St. John Ambulance Brigade, to which the council make a grant of £100 each year towards the cost of the equipment.

Superintendent Harris has kindly furnished details of equipment loaned during the year. These details are printed in table form at the back of the book - See Table 23.

Cervical Cytology

It was possible this year to hold 4 clinics per month with 2 doctors in attendance at most. In addition, arrangements were made for the staff of a large local business employing many women to have the test at their place of work.

<u>First Attendances</u>	<u>Repeats</u>	<u>Failed to attend</u>
793	186	227

Total appointments made 1,206.

Although the hospital laboratory was able to deal with more slides from the Local Authority towards the end of the year, the number of women seen at the clinics dropped. It is proving difficult to encourage the women considered most at risk, that is married women with two or more children, or women over the age of 35 years, to take advantage of this service.

Although the clinics are for well women, many abnormal conditions were detected clinically and the women were advised how to receive the necessary attention. In addition, it was necessary to advise some women to receive treatment for local infections before a satisfactory reading of their specimen was possible. In other cases the cells, although not pathological, were sufficiently different from the accepted normal pattern that repeat examinations were recommended or else the women were referred for a fuller gynaecological examination.

One slide showing definite malignant cells was found during the year.

SECTION 29 - DOMESTIC HELP

The Domestic Help Section continued its vital service under the National Health Service Acts during 1970. In all, help was provided in 2,821 cases which was an increase of 156 over the previous year.

The training scheme for home helps which commenced in 1968 is now very well established and will have an effect in terms of recruitment and efficiency of the service generally.

When the financial circumstances of an applicant do not require the committee to make a charge at the Standard rate, the amount to be paid is decided by a pre-determined scale. At the commencement of the year a total of 279 staff were employed by the department comprising 20 full time and 259 part time domestic helps.

Domestic Help Service

	Aged 65 or over on first visit in the year	Aged under 65 on first visit in the year				Total
		Chronic sick tuberculosis	Mentally disordered	Maternity	Others	
No. of cases	2,112	149	40	214	306	2,821

SECTION 51 - MENTAL HEALTH (See Tables 34 - 38)

Adult Training Centre

The building of this centre progressed well and was handed over to the Department in December. The Manager, Mr. O'Hara, had been appointed and was in post. The equipping was well under way and the Centre will open in January 1971.

Junior Training Centre

Waiting list at 31st December 1970 -

	<u>Male</u>	<u>Female</u>
No. of patients awaiting admission to hospital	2	4
No. of patients awaiting admission to Junior Training Centre	3	--

Short Term Care

Number of mentally subnormal persons for whom short-term care was arranged by the Local Health Authority under the Mental Health Act 1959.

	<u>Under age 16</u>		<u>Aged 16 & over</u>		<u>Total</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
National Health Service Hospital	-	1	-	-	1
Elsewhere	2	5	8	8	23
			<u>Male</u>	<u>Female</u>	<u>Total</u>
Patients employed at 31.12.70 at Adult Training Centre			16	40	56

GROUP DISCUSSIONS FOR PARENTS OF SEVERELY SUBNORMAL CHILDREN

I am indebted to my Deputy Dr. M. Mellor for the following comments which are an edited version of a much more detailed report.

Group work with parents of normal children is of value in explaining and easing the tensions which may exist in families. With families under stress, such as those with a handicapped member, it was considered that Group experience should assist them and on this premise the following work was undertaken:-

During the winter months of 1970, twelve parents of six severely subnormal children met for sixteen evenings. I led the group with two observers,

a psychiatric social worker and headteacher of a training school. We selected parents with children of different ages. The selection team consisted of the observers, myself and the secretary of the local branch of the National Society for Mentally Handicapped Children. We deliberately selected parents who would participate.

Initial Reaction

Initially aggression ruled the discussion. The parents of older children showed frustration as well as aggression, they could see no hope of progress and showed a tendency to break up the group. From the phase of aggression developed mutual acceptance. The 'Authorities' - medical, local and central government came in for heavy criticism. Constructive discussion mainly in relation to services to be provided occupied the 3rd - 7th sessions.

Progress

The Group was then sufficiently compact and secure enough to start an education phase. Professional workers were introduced one at a time. A Sub-normality Consultant, a Paediatric Consultant, a Teacher, a Speech Therapist, a Mental Welfare Officer and an Educational Psychologist, each gave a few minutes talk on their own particular work and this was followed by questions. The parents gained a degree of companionship and group loyalty, never before experienced. A sharing of problems particularly for the ladies, relieved many tensions and husbands were quite rudely awakened to their apparent lack of understanding in the early years. I am sure that the professionals were impressed and learned a little of the family life and problems of families with subnormal children. These evenings rarely finished before 11 p.m. and often much later.

The Parents felt they had benefited from this experience and offered unanimously to pass on their gain by leading two further Groups of Parents themselves.

Two leaders were selected each supported by two or three others from the Group. Parents to be invited were selected as before. After the initial aggression the Groups settled to their own pattern. There were many benefits to the parents in sharing of experiences, sorrows, joys and knowledge. The two Groups have now decided after ten evenings to break up for the Summer and start themselves, one or more groups for parents of children 8 years plus next winter.

Under 2½ years age group

The 0 - 2½ year group encompassed the parents of all mongol children in the County Borough. Again this was an evening group starting in the Parent's home, invitation being direct through the local Society visitor and Secretary. Seven fathers and seven mothers attended throughout without default. Aggressiveness has been minimal and therefore only the first two sessions were lead by myself. These parents wanted information and have been visited en group by a health visitor, welfare officer, parent visitor from the local Society, educational psychologist, occupational thereapist and speech therapist with the object of training (and also saving on staff time). Each professional has given a brief talk and then answered questions. The parents were able to make appointments to see one or other of the professionals at their offices. To some extent we have been able to translate the professionals' knowledge of the problem into practical action for the parents. The latter now see the need for regular assessment and advice on stimulating their own child. This group after eight weeks is now meeting monthly and taking parents of newly born mongols and interested parents from outside the County Borough. Professionals will be invited at the discretion of the group.

Conclusion

I am certain that training in group dynamics is a great asset for the leaders and observers and that selection of parents and design of the course is essential. Casualties do occur, but are few, and greatly offset by the better understanding by parents of many of their problems. Self-appreciation I think was not complicated by morbid introspection. Knowledge led, inevitably to the frustration of things undone but mainly gave assurance, confidence and better family motivation. The meeting with people who care and understand by far outweighs other benefits. Our local branch of the National Society for Mentally Handicapped Children have gained enthusiastic members who are needed to fulfil desires of the group for a better future. The professionals who participated and those who have since had the experience portrayed to them are wiser and likewise the parents realise the problems of the professionals and financial implications.

The professional workers involved would not ask for recognition but I am sure they would join me in giving an accolade to those parents of the Society who participated at all stages of the procedure.

NATIONAL HEALTH SERVICE ACT 1946 - PART IV

General Medical & Dental Services Pharmaceutical Services & General Ophthalmic Services

EXECUTIVE COUNCIL

The Services provided under Part IV of the National Health Service Act 1946 are controlled by the Local Executive Council, a body appointed by the Secretary of State, Department of Health & Social Security. Certain members of the Council serve on it, and there is a very pleasant relationship between these bodies.

Medical List

On the 31st March, the names of 84 Doctors were included on the Executive Council's Medical List as set out below:-

(a)	Principals for whom this Council is responsible	70
(b)	Principals for whom other Councils are responsible	12
(c)	Principals with limited lists for whom this Council is responsible	2
		<u>84</u>
(d)	Principals providing Maternity Medical Services for whom this Council is responsible	54
(e)	Principals providing Maternity Medical Service for whom other Councils are responsible	6
		<u>60</u>

Classification of Practice Areas

The Council's practice areas with their classification are as follows:-

<u>Practice Area</u>	<u>Classification</u>
Southend-on-Sea and Thorpe Bay	Open
Westcliff-on-Sea	Designated
Leigh-on-Sea and Eastwood	Open
Shoeburyness	Restricted

**Persons on
Doctors Lists**

The Estimated population of the County Borough of Southend-on-Sea on the 1st July, 1970 was 164,770 compared with 164,700 on 1st July, 1969. The number of persons registered with Medical Practitioners at that date was 172,527 as compared with 172,775 the previous year.

**Pharmaceutical
List**

On 31st March, 1970 the numbers of Chemist Contractors included in the Council's Pharmaceutical List were as follows:-

Pharmacies	46
Appliance Suppliers	13
	<u>59</u>
	<u>59</u>

**Dental
List**

On 31st March, 1970 the names of 48 dental practitioners were included in the Council's Dental List for the purpose of providing general dental services under the National Health Service.

The number of full-time Dental Assistants employed by the Principal Practitioners was one.

**Replacement
of Dental
Appliances**

Applications from 29 persons for the replacement of dental appliances were considered during the year. The decisions taken and the amount payable by the patients and by the Council were as follows:-

	Number of cases
(a) Whole cost to be borne by Council	19
(b) Whole cost to be borne by patient	1
(c) Part of the cost to be borne by patient	9
	<u>29</u>
	<u>29</u>

**Ophthalmic
List**

On 31st March, 1970 the following were included in the Council's Ophthalmic List.

Ophthalmic Medical Practitioners	7
Ophthalmic Opticians	26
Dispensing Opticians	9

Sight Tests

The number of sight tests paid for over the last two years was 34,081 in 1970-71 and 32,922 in 1969-70.

**INFECTIOUS DISEASES
(See Table 39)**

Comment

As predicted in the last Annual Report the incidence of measles increased this year; however, the vaccine once again became available in February in limited amounts and initial priority was again given to pre-school and infant children. As vaccine became more plentiful the programme was extended to children in the secondary school age groups who wished to be protected up to 15 years of age.

There was a slight increase in the number of cases of scarlet fever but no localised outbreak occurred. No large outbreak of food poisoning occurred.

Paratyphoid

An 11 year old boy ate a meal in London on the 8th November of last year on Lord Mayor's day. (Subsequent bacteriological investigations of the staff of the restaurant were negative and no other cases are known to be associated with the restaurant). He suffered periodic fever and debility until December 15th when he was admitted to hospital. Fortunately, he spent very little time at school during this period. After discharge from hospital on the 23rd, stool samples were reported as positive for salmonella paratyphi Type Dundee. He was treated with Ampicillin until the 5th January. His younger sister developed a severe fever on the 6th January and was admitted on the 8th January to hospital with the expected confirmation of diagnosis. The mother nursed this child in hospital and eventually her faeces were found to be positive but whether this infection was a result of this nursing or whether she was indeed a carrier from an overseas trip some years previously, is not known. She was treated with Ampicillin. The father's bacteriological test remained negative throughout. It was considered necessary to protect an elderly contact with Ampicillin. At the end of the year all the family had produced six negative faecal samples at intervals of over 1 month.

Such a diagnosis after discharge from a Children's Ward required liaison with G.P.'s to observe contacts who had been on the ward at the same time as the child and in like manner the staff also required observation.

In January a nurse at Westcliff Hospital was found to have the same organism in her stools but non-typical symptoms of paratyphoid, i.e. diarrhoea. The possibility of indirect contact with staff on the Children's Ward was investigated when it was found that a mild diarrhoea had been prevalent among staff and patients throughout several sections of the hospital since mid-December. Night staff tend to visit and relieve on wards, particularly senior staff but nursing shortage requires moving nurses from ward to ward quite frequently, particularly when illness is prevalent amongst staff. Student nurses, orderlies and other staff also move from ward to ward. It was obviously necessary to investigate the bacteriology of this diarrhoea and the Deputy Medical Officer of Health served along with the Consultants concerned. Approximately 600 samples of urine and faeces were examined, the only positive findings being two people both carrying the same organism as the boy.

A Nigerian nurse who was in all probability a carrier, had started at the Hospital on the 4th January and had suffered no symptoms either in the past or since starting work. A patient from Battlesbridge was admitted to Rochford General Hospital on the 16th January with atypical symptoms and despite detailed investigation no connection at all was shown with the other cases/carriers. In all probability this patient and the two nurses were carriers and had been infected overseas whilst on holiday or from contact with people who had been overseas.

All patients had the same organism, paratyphoid B, Type Dundee.

Tuberculosis (See Tables 40 - 43)

Dr. Sita Lumsden the Consultant Physician and the staff of the Chest Clinic have been kind enough to furnish much of the information presented in this section.

Notifications

(a) Respiratory. Persons notified totalled 52 of whom 17 males and 18 females were Southend residents, representing an increase of 4 inward transfers. Included in the 17 male primary notifications were 2 posthumous notifications, 1 in the 55 - 65 age group and 1 aged over 75. Of the 19 primary female notifications 1 was a posthumous notification in the 45 - 55 age group.

(b) Non Respiratory. Notifications occurred in 4 men and two women all of whom were Southend residents. There was 1 male in the 55-65 age group who was posthumously notified. The sites of disease were as follows:-

	Male	Female
Kidney	1	1
Spine	1	0
Epididymis	1	0
Inguinal Gland	0	1
Cervical Gland	1	0

In June, 1970 the Chest Clinic which had occupied the premises in Southchurch Road since 1949 moved to spacious new headquarters at the General Hospital, Southend

Deaths

There were 3 male and 2 female deaths from respiratory disease being 1 female death fewer than last year. There were no deaths recorded from non-respiratory conditions. Some explanation should be made concerning the posthumous notifications which do not appear to be recorded as deaths. The male aged between 55 -65 was notified from a Southend address but because he had, until the time of his illness been employed in an old persons home just outside the County Borough his death was allocated to the County of Essex. The male aged over 75 posthumously notified, was brought to the attention of the department by the Consultant Pathologist who defined the cause of death as tuberculoase bronchial pneumonia. The death return however showed only bronchial pneumonia, therefore not allocated by the Registrar General as a tuberculosis death. The male aged between 55-65 posthumously notified as suffering from non-respiratory disease died in 1969 in St. Mary's Hospital, Paddington and came to the Chest Clinic's notice too late to be included in the notifications for that year, although the Annual Report being completed so much later was able to show him posthumously as a non-respiratory death. The female aged between 35-45 posthumously notified does not appear to have been allocated by the Registrar General to this cause, although of the two female respiratory deaths occurring between 65-75 only 1 can be identified. Details of the 5 respiratory deaths known to the department are given below:-

Male aged 45 notified in London 1949 to Southend on 1957, recovered in 1957 re-notified in 1966.

Male aged 55 notified 14th January, 1970 - advanced disease, died 25.3.1970.

Male aged 58 history of old P.T.B. not known to Chest Clinic.

Female aged 66 notified 1960. Under surveillance until date of death.

Female aged 41 posthumously notified.

Cancer

There were 518 deaths directly attributable to malignant disease, 253 male and 265 female. Cancer of the lung and bronchus accounted for 26%, over three quarters of these being male. Cancer of the stomach accounted for 12%, the proportion of male and female being equal. Cancer of the breast 11% and 3.3% were due to cancer of the uterus. There were 5 deaths under 35 years of age due to malignant conditions. There are of course other deaths associated with malignant disease where the prime cause of death, e.g. pneumonia, would not indicate the basic condition.

OTHER IMPORTANT WORK

Venereal Diseases

Dr. R. Spitzer, Consultant Venereologist, has been kind enough to supply the statistics of the work done in the hospital clinics. The hospital clinics of course have a catchment area beyond Southend-on-Sea. Newspaper advertisements continue to be displayed each month setting out the days and times of the clinic sessions as this continues to be a most valuable facet of health education.

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
New cases Syphilis (Southend only)	4	3	9	16	14	6	6	7	8	8
New cases Gonorrhoea (Southend only)	45	76	132	119	98	77	92	56	98	130
Total Attendances (Southend & Essex)	2683	2247	2248	2147	2044	2284	2565	2350	3111	3192

Crematorium

During the year 2856 cremations were conducted at the Southend-on-Sea Crematorium.

Children in Need

Joint circular of July 31st, 1950

Ministry of Health Circular 27/54 "Prevention of breakup of families"

The invaluable work of this Conference has shown very little change, although our meetings have been as helpful as ever. During the year 105 families were considered by the conference involving 166 agenda items.

Nurseries & Child minders

Arrangements under this Act were fully discussed in the Annual Report 1950. The local authority has a duty to keep registers and has powers to supervise day nurseries which are premises other than those which are used mainly as private dwellings, where children are received to be looked after for a day, or at least a substantial part of a day or for any longer period not exceeding six days; and also child minders, i.e. persons who for payment receive into their homes children under the age of five to be looked after for the day or a substantial part of a day for any longer period not exceeding six days.

No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

All premises at which it is proposed to use an oil burning space heater, are inspected by the Chief Fire Officer, and compliance with his requirements is made a condition of registration. The assistance we receive in this matter is greatly appreciated.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Registration of Premises (Section 1(i)(a))

Registration in force January 1st	...	...	...	...	32
" " December 31st	...	...	...	...	38
Applications not proceeded with	...	...	...	...	12
Applications refused by Committee	...	...	...	...	-
Total number of children 'permitted' at December 31st	...	...	...	...	1050
Number of children who ceased attendance at registered premises	...	...	...	...	658
Total number of children under supervision during the year	...	...	...	...	1583
Total number of visits made to premises	...	...	...	...	435

Registration of Persons (Section 1(i)(b))

Registrations in force January 1st	...	...	...	...	117
" made during the year	...	...	...	...	56
" cancelled by consent during the year	...	...	...	...	47
Registrations in force December 31st	...	...	...	...	126
Applications not proceeded with	...	...	...	...	29
Number of children 'permitted' at December 31st	...	...	...	...	413
Number of children who ceased attendance at minders	...	...	...	...	144
Total number of children under supervision during the year	...	...	...	...	820
Total number of visits of inspection	...	...	...	...	1200

FAMILY PLANNING

During the Autumn of 1970 the Family Planning Association who act as the Council's agents under the National Health Service (Family Planning) Act 1967, wrote to all authorities in the country who use their services in an effort to come to some uniform arrangement relating to the execution of the duties and responsibilities under the Act. To this end the Association set out six "package deals", each one tailored to suit the various circumstances of differing authorities in the country. Consultation with the local Family Planning Association and this Authority brought agreement that Scheme 6 was identical with the arrangements previously made, and should be adopted. Acceptance of the "package deal" simplifies the administrative and accounting details of the agency agreement.

PUBLIC HEALTH (AIRCRAFT REGULATIONS 1966 ALIENS ORDER 1953 COMMONWEALTH IMMIGRANTS ACT 1962 & 1969

AIRPORT (See Table 44)

Medical Officers of the department have duties under the Public Health (Aircraft Regulation) Act to ensure that infectious disease is not disseminated by passengers, aircrew or aircraft. With ever increasing travel and speed of travel airports are likely sites for importation of infectious disease. An outbreak overseas may call for added vigilance, screening of passengers and arrangements for emergency vaccinations or immunisations at airports and follow-up of passengers and crews. The co-operation of immigration officers, customs and exise officers and airport staff is always forthcoming, and greatly appreciated.

The table at the end of the book relating to customs movements of aircraft and passengers do not include internal flights within the United Kingdom. There was an increase over the previous year, aircraft movements being 18,721 compared with 18,583 in the previous year. Passenger movements were 418,243 as compared with 386,527 in 1969.

The medical staff of the Health Department hold warrants as Medical Inspectors of Aliens and Commonwealth Immigrants, as do a panel of General Practitioners who normally carry out these duties, remunerated in accordance with a scale of fees when they are summoned to the airport, either by the immigration officers in respect of these statutory duties or by the airport control staff in respect of calls for medical aid in cases of accident or illness. Warrant holders made 108 attendances at the airport to examine 418 commonwealth immigrants and 218 aliens.

An outbreak of smallpox in West Germany in February, was followed by notification of cholera in Iran. Cholera spread to further Middle East Countries in July and August, and by September some West African States were also affected. Although long haul flights do not usually terminate in Southend vigilance has to be maintained for the detour aircraft, chartered aircraft and individual passengers who have arrived in this Country within the incubation period and who are not protected against these diseases. This situation continued into the New Year.

MEDICAL REPORTS

(See Table 45)

Examinations

The number of examinations carried out was 250 a decrease on the figure of 289 last year.

Questionnaires

Medical Officers scrutinised 1630 questionnaires as compared to 1439 questionnaires in 1969, referring for examination only those whose employment prospects were doubtful. The questionnaires served not only to protect the Local Authority but also affords medical officers an opportunity to advise certain applicants as to more suitable occupations consistent with their physical or mental state. It is pertinent to add that only a very low percentage of candidates are found medically unsuitable for the posts for which they apply. The number of special sick pay reports decreased from 259 to 118.

NURSING HOMES

Homes on register at end of year	No. of beds provided		
	Maternity	Others	Total
Avenue	-	13	13
Aylward	-	16	16
Langley Lodge	-	23	23
Lulworth Court	-	20	20
Oak House	-	16	16
Salisbury House	9	-	9
Trenow House	-	16	16
Two Ways	-	7	7
	9	111	120

CO-ORDINATION AND CO-OPERATION

The excellent relationships which have been built up over the years continued to help provide a co-ordinated service by Hospital, G.P. and Local Health Authority Staff.

The Hospital Service continues to use Local Health Authority premises for ophthalmological and midwifery functions and the Deputy Medical Officer of Health and Senior Medical Officer continue their appointments as Clinical Assistants to the Consultant Paediatrician.

The attachment of local authority nursing staff to General Practitioners continues, there are now ten domiciliary nurses so working and two Health Visitors.

NATIONAL ASSISTANCE ACT 1948

WELFARE SERVICES

I am indebted to Mr. K.G. Golding, M.I.S.W., Principal Welfare Officer for all information contained in my Annual Report concerning the Welfare Services.

Work of the Section

The Welfare Section of the Health Department continues to be responsible for the general welfare, mental health fieldwork and community care and the home help service. This unified service continued to operate efficiently and effectively during 1970.

The Local Authority's Social Services Act 1970

Some of the recommendations of the Seebohm Committee Report are incorporated in the Local Authority's Social Services Act 1970 which received the Royal Assent on 29th May, 1970. The effect of this will be that as from January, 1971 Health & Welfare Committee and the Children Committee will cease to exist and will be replaced by a Health Committee and a Social Services Committee. The intention is to combine those functions of the Health & Welfare Department and the Childrens Department deemed to be of a social rather than a medical character into a new Department under the direction of a Director of Social Services. According to Government circulars received during the year it is hoped that the Social Services Committee will be set up on the 1st January and the Director of Social Services will be in post by 1st April, 1971 to take charge of the new department.

Part III Accommodation

At the end of the year there were 875 persons being cared for in accommodation provided under Part III of the National Assistance Act. Of these 217 were in voluntary homes and 648 in the Authority's own homes. These are the highest ever totals.

The number of persons accommodated at Roche Close including the bungalows has fallen from a peak of 316 in 1964 to 235 at the end of this year. Fairview House received the first residents on 27th April, 1970, there being 60 residents at the end of the year.

A continuing trend has been the increasing average age of the residents in the Borough Homes. There are now 260 who are over 85 years old (40% of the total number of residents) and 107 who are over 90 years of age.

**Short Term
Care**

The expansion in the short term care arrangements has been maintained, provision being made for 117 as against 110 last year. The increase is highlighted by the fact that as recently as 1967 there were only 57 short stay arrangements made.

I would like to record once again our thanks to the many voluntary bodies and individuals who do so much for the residents in our care. In particular our thanks to Toc H for the regular film shows, maintenance of library, the trolley shop at Roche Close and the many outings and the use of the coach which they organise. Excursions and the entertainment provided by the Hospital Ladies Legion are equally helpful. Much is owed to the Ministers of all Religious Denominations who not only meet the spiritual needs of the residents but associate themselves so closely with the social life of the home.

Statistics

The facts and figures of the services provided by this section are to be found at the end of the book. These will give a fuller picture of the activities of the Welfare Section. (See Tables 46-59).

OTHER WORK OF THE WELFARE DEPARTMENT**BLIND WELFARE****Work of the home
teachers**

A total of 3260 visits were made to blind and partially sighted persons in their homes during which 159 lessons in embossed type and 9 lessons in handicrafts were given. There were in addition 91 lessons in typewriting and 5 in mobility. Handicraft classes met weekly, instruction being given in chair caning, weaving, netting, string bag making, basket making and other crafts.

Home workers

At the end of the year, there were four home workers in receipt of augmentation of wages, one engaged in basket making, 2 in circular machine knitting and one in piano tuning.

Periodicals

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of free library facilities afforded by the National Library for the blind, to which the Health Committee makes an annual grant.

Use of deck chairs

Passes were issued to 423 blind people by the Council's Public Amenities Committee, enabling them to use deck chairs on the promenades and cliffs, a privilege much appreciated.

Transport passes

Renewed transport passes were issued by the joint transport undertaking to 91 registered blind persons who had previously been accorded this privilege. We are grateful to the Undertaking for this continued concession.

DEAF WELFARE

Mention has been made in previous reports of the necessity for welfare responsibilities in connection with the deaf to be taken over from the Royal Association in Aid of the Deaf and Dumb. The arrangements with the Essex County Council for the use of its specialist officer to deal with major difficulties of the deaf and dumb persons in Southend, whilst ordinary day to day welfare duties, undertaken by the Social and Mental Welfare Officers, are working satisfactorily.

The Hard of Hearing

The Southend-on-Sea Hard of Hearing group which maintains its success, meets weekly in the Clarence Road Liberal Hall. In addition to catering for the needs of its more elderly members the newly formed youth section has made a promising start. The grant made by the Council defrays the cost of renting the premises, but for the rest the group is self supporting and one is grateful for yet another example of mutual help and enterprise.

MEALS ON WHEELS

The Womens Royal Voluntary Service maintained its invaluable help to the old and the handicapped, delivering some 240 meals a day on five days each week. The school meals service supplied the meals. We are all grateful to the Education Committee and its staff for the assistance so willingly given.

HANDICAPPED PERSONS

General Classes

There was an increase of 97 in the number of registered handicapped persons at the end of the year making a total on the register of 1158. This is the number of persons currently being assisted by the Social and Mental Welfare Officers and bears no relation to the number of those who could be described as permanently and substantially handicapped. The numbers on the register will, of course, increase for some years as more people requiring assistance come to our notice but the prevailing shortage of staff determines the rate of development in this particular field.

Statutory powers allowed practical assistance by way of the structural alterations in the homes of 39 handicapped persons at a total cost of £1,991. There was also an increasing demand for the loan of gadgets and equipment. Twenty-nine handicapped persons were assisted financially to take holidays specially arranged to accommodate their disabilities, mainly in conjunction with the Essex Association for the physically handicapped.

The number of persons on the Register at 31st December, 1970 were:

<u>General Classes</u>		
<u>Age</u>	<u>Male</u>	<u>Female</u>
Under 16	5	6
16 - 29	23	13
30 - 49	66	57
50 - 64	120	122
65+	255	491
	<u>469</u>	<u>689</u>

	Major handicap	Age Under 16	Age 16-29	Age 30-49	Age 50-64	Age 65 or over	Total
1.	Amputation	-	1	10	15	82	108
2.	Arthritis or rheumatism	1	-	22	64	365	452
3.	Congenital malformations or deformities	4	14	18	11	9	56
4.	Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	-	-	4	25	44	73
5.	Injuries of the head, face, neck, thorax abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine.	-	2	9	31	53	95
6.	Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	4	18	55	74	161	312
7.	Neuroses, psychoses, and other nervous and mental disorders not included in line 6.	2	1	2	6	6	17
8.	Tuberculosis (respiratory)	-	-	1	-	1	2
9.	Tuberculosis (non-respiratory)	-	-	-	5	5	10
10.	Diseases and injuries not specified above	-	-	2	11	20	33
	TOTAL	11	36	123	242	746	1158

Car Badges

At the end of the year, 177 badges were on issue compared with 155 at 31st December, 1969 and there is no doubt that this number will increase as the benefits of free parking in the corporation car parks and at parking meters are a valuable concession to the disabled driver.

REGISTRATION OF DISABLED AND OLD PERSONS HOMES - SECTION 37

<u>Registered at 31.12.70</u>		
<u>Homes for old people</u>	<u>No.</u>	<u>No. of beds</u>
Voluntary	10	330
Private	+27	246
<u>Homes for Old & Disabled persons</u>		
Voluntary	*3	41
Private	7	57
Houses registered under the Southend-on-Sea Corporation Act 1947, Section 144	3	24

+ includes 2 homes registered under Southend-on-Sea Corporation Act.

* includes 1 home also registered under the Southend-on-Sea Corporation Act.

REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTIONS - SECTION 47

This section empowers the removal of persons "suffering from grave chronic disease or who, being aged and infirm or physically incapacitated are living in insanitary conditions", and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was necessary to take formal action under Section 47 of the Act in two cases during the year.

TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITAL AND OTHER INSTITUTIONS - SECTION 48

Under Section 48 of the Act, the Local Authority have a duty to protect the moveable property of any person admitted to hospital or Part III accommodation if it appears to them that there is grave danger of loss of or damage to, such property and that no other suitable arrangements have been made. 12 such cases came to the notice of the department this year involving 108 visits.

THE ENVIRONMENT

Past, present,
future

"Suffering and evil are nature's admonitions; they cannot be got rid of; and the impatient attempts of benevolence to banish them from the world by legislation, before benevolence has learnt their object and their end, have always been more productive of evil than good".

The above unctuous passage appeared in the "Economist" newspaper in May, 1848; it was written in opposition to the first Public Health Act (1848) which resulted from cholera outbreaks and the efforts of Edwin Chadwick who had come to realise the facts about the revolting insanitary conditions which had arisen from the Industrial Revolution and urbanisation.

Doctrine of one kind or another has been the cause of many of the woes of mankind, but fortunately the English of this period were not entirely doctrinaires, and passed the Public Health Act despite the prevalent laissez-faire theories and the dismal lopsided social economy of the age. But the provisions of the Act were permissive rather than compulsory, and it was some twenty years later before Local Government Boards were established to enforce the law of building and sanitary reform.

Considerable progress has however been made in the various fields of environmental health, but there are no grounds for complacency concerning the need for further improvement of standards in housing, food, air pollution and noise. There has been a gradual movement away from the disease oriented concept of environmental sanitation. We now seek to achieve an environment not only free from disease but one in which people can live in a state of complete physical, mental and social wellbeing. The relationship between man and his environment is undergoing profound changes in the wake of modern scientific and technological developments. There is clear evidence that advances in technology are themselves creating potential dangers and impairing the quality of the environment. Pressures for more effective action are growing.

The growing discrepancy between twentieth-century standards and nineteenth-century planning has aggravated the housing situation and created new problems. Outside the areas scheduled for slum clearance and redevelopment, there are many thousands of houses which are neither bad enough to condemn by statutory standards nor good enough for modern living. It is now accepted that suitability for habitation is as much concerned with the environment in which a house stands as with its physical condition and equipment. Living conditions in houses situated close to industrial premises, railway viaducts and heavy traffic may become intolerable as a result of noise and vibration. As these twilight areas represent the major part of the urban fabric, improvement of such houses and the neighbourhood environment present a colossal problem.

The solution to the housing problem seems to have been lost in a tangled web of legislation, human needs, economics, selective subsidies and agencies. By whom should housing be provided - Local Authorities, Housing Associations, Building Societies or private enterprise? Ideally, to produce a balanced community, all agencies should be used. But unless there is a radical change in housing finance and government subsidies, this can never be a viable proposition. Meanwhile, with the decline of the private landlord and the inability of private enterprise owing to the high cost of land to provide houses at a rent people can afford, it must be accepted that the hopes of the under-privileged in the housing field rests more than ever with the Local Authority.

In the field of food and drugs administration, great strides have been made and today compositional standards, bacteriological purity and hygienic practices have all come to be accepted, although their maintenance calls for unrelaxing vigilance. The pace of advance in food technology has created new production and distribution problems with respect to the ever increasing range of processed and pre-packed foods, which preclude pre-sale examination by retailer and customer.

The principles and tenets of food reform are unchanged, but now the field has enlarged and some aspects of the work are only just beginning. The possible dangers arising from chemical additives in food, and hazards arising from the use of toxic insecticides and pest control agents in agriculture and food storage, and from the use of antibiotics and synthetic materials to regulate the metabolism of food animals in order to stimulate growth, have yet to be accurately assessed. These dangers are felt rather than seen, as unpredictable and portentous as vitamins must have been to the concepts of nutrition.

It is a far cry from the 'pea-soup' smog of 1952 which was said to have been directly responsible for the deaths of 4,000 people, mostly elderly bronchitics. The national press contained a vivid account, with photographs of farmers at the Smithfield Dairy Show, which coincided with the smog period, trying to save their prize cattle from suffocation by shrouding their snouts with towels soaked in brandy. A large number of animals were in fact asphyxiated as a result of the smoke - you might say it was more in the nature of a sacrifice at the shrine of Bacchus. Whatever the merits of this press article, it did demonstrate, in a very dramatic way, the "killer" effect of the smog.

The adverse effects of air pollution on the environment of an urban community was recognised as long ago as the thirteenth century, when smoke abatement legislation was first introduced. It needed the tragic consequences of

the 1952 smog to bring about the 1956 Clean Air Act which, inter alia, empowered local authorities to establish smoke control areas. Some local authorities have been energetic in declaring smoke control zones as for example, in London where as pollution has diminished, there have been other less tangible but beneficial changes, **not** so well documented such as the increase of plant life and bird species in London. Happily in Southend there is very little in the way of atmospheric pollution.

The year 1963 marked an important place in the history of environmental health legislation as being the year when the framework of welfare legislation first introduced for factory workers in the year 1833 was extended into new fields of non industrial employment by the Offices Shops and Railway Premises Act. This Act proved to be a most impressive piece of legislation and six years experience of administering its provision has vindicated its declared objective of improving standards of welfare and safety of employees in office and shop premises.

By 1969 the environment and its preservation became something of a cause celebre. Ecological science is being talked about in the right places and by the right people. On an international scale European Conservation Year was launched and during 1970 the nations of Europe have been trying to thrash out a common policy on the improvement and conservation of the environment. The United Nations has also decided to convene a world-wide conference on this subject in 1972. In the United Kingdom the government has reacted by appointing a Minister of State with special responsibilities for the environment; it has also set up a Royal Commission on environmental pollution - the danger of all this froth and activity is that conservation may be lost in the welter of conversation.

It was the legislation of 1888 and 1894 which carved out of the chaos of nineteenth-century ad hoc municipal administration, the system of autonomous county boroughs and administrative counties with their second tier of non-county boroughs, urban and rural districts. The first indication of any fundamental thought about the future pattern of local government came in 1945 with the setting up of the Local Government Boundary Commission. Though it had no brief to look at functions, its 1947 report, in fact, made quite far-reaching proposals for the status and functions of local authorities. The most significant change came in 1965 as a result of the London Government Act of 1963 which put into effect the recommendations of the Royal Commission, which had been set up in 1957 to look at the structure in Greater London.

It seemed that London was being thrown in at the deep end as an experiment to provide experience and evidence for the reports of the Committees, set up to advise on local government re-organisation, which were to follow - Maud (1967) on management; Mallaby (1967) on staffing; Seebohm (1968) on allied personal social services; the Royal Commission (1969); the Green Papers (1968 & 1970) on the future structure of the national health service, and the White Paper (1970) on local government reform.

The second Green Paper on the future structure of the national health service was published in February, 1970. This important document set the seal on the extent of participation by the local authority in the health service. The present tripartite organisation of the health service has been held by most people to be unsatisfactory for a long time. The Green Paper makes perfectly clear the government thinking in this respect. It proposes to set up area health authorities conterminous with new local government boundaries, which will administer the

unified national health service. It recognises that social work cannot be divided by a hard line and that the services should be organised according to the main skills required to provide them, rather than be any categorisation of primary user. It is proposed that the health authority will be responsible for the services where the primary skill needed is that of the health professions and the local authority will be responsible for services where the primary skill is social care or support; bridges will have to be built to ensure effective co-operation between both branches of the service. Local Authority and other interested organisations are already expressing disagreement with this formula and there are likely to be many impassioned debates before legislation, to give effect to the government's proposals, is introduced.

ENVIRONMENTAL HEALTH SERVICES

Mr.E.A.Ellis, M.R.S.H.,M.A.P.H.I., Chief Public Health Inspector reports:-

Staff

The establishment of the Public Health Inspectorate consists of fourteen public health inspectors, one technical assistant, one pupil public health inspector, one administrative assistant, three clerical assistants, one rodent operative and two driver/disinfectors.

General

There are now eight public health inspectors charged with the supervision of a district of the County Borough and whose function is to deal with the large number of complaints made to the department concerning a wide variety of matters. These matters include disrepair of houses, nuisances from animals and birds, noise nuisances, overcrowding, houses in multiple occupation, atmospheric pollution and sometimes even disputes between neighbours.

In addition, the inspectors have a responsibility to inspect food shops, hotels, restaurants, factories, places of entertainment, pet shops, riding establishments and premises where poisons are sold, to ensure that the law relating to these types of premises is observed.

During the year 2,341 complaints were dealt with and 17,332 visits to other premises were carried out.

Food and Drugs

In addition, two inspectors are engaged in dealing with problems arising from the sale of food and drugs. 1,130 samples of a wide variety of foods were taken to ensure chemical and bacteriological purity. Samples were also taken to ensure that pre-packed food is properly described on the label, that no prohibited colouring matter or preservative is used and that the food complies with the relevant legal standard.

In a significant number of cases prepared meat products and canned meats were found to be deficient in meat content. The deficiencies were brought to the notice of the manufacturers and improvements were secured.

A sample of imported liqueur chocolates was found not to contain "full strength spirit" as stated on the box. The particular brand of chocolates appear to have disappeared from the market and were probably imported for the Christmas trade.

A tin of boneless chicken in jelly was found not to contain the statutory amount of chicken. This matter is still the subject of correspondence between our officers, the importers and the manufacturers. The difficulty of instituting legal proceedings in a case of this sort arises from the fact that the importer may well be

able to show that he imported the article in good faith possibly under a warranty from the manufacturer and could be held not to be guilty of an offence under the Food and Drugs Act. The manufacturer, on the other hand, would be outside the jurisdiction of the British Courts and therefore no penalty could be imposed.

During the year 226 samples were taken from the cockle processing sheds and the usual high standard of bacteriological purity was maintained.

The importance of maintaining a high standard of hygiene in the handling of cockles was emphasised when in August a man died after eating cockles bought in a west country resort and subsequently found to be infected with toxin producing organisms. The verdict at the inquest was that death was due to eating cockles infected at the point of retail sale. As the cockles originated in Leigh-on-Sea I was requested to give evidence regarding the precautions taken to ensure that cockles despatched from Leigh-on-Sea are safe for human consumption.

127 complaints relating to the sale of unfit food or food containing foreign matter were investigated during the year. In every case the retailer and manufacturer of the food concerned were invited to inspect the food and submit observations on the occurrence.

The identification of insects found in food is carried out by the laboratory of the Ministry of Agriculture, Fisheries and Food. Other foreign matter, not readily recognisable, is submitted to the public analyst.

One complaint concerned a 20 lb. box of frozen peas found to contain a large number of berries which were identified as Solanum Nigrum (Black Nightshade) which are poisonous. The local wholesaler co-operated with the department by collecting from his customers as many similar boxes of peas as were still available and returning them, with the remainder of the consignment, to the importers. Steps were taken by the importers to ensure that no further boxes of peas contaminated with nightshade berries were put on the market.

Food Hygiene Courses

During the year two further courses were held at the Southend-on-Sea College of Food Technology in food hygiene for persons engaged in food handling. Lecturers included Medical Officers of Health and Public Health Inspectors from Southend-on-Sea and neighbouring districts. 92 students enrolled for these courses and 54 entered for the examination leading to the Certificate in the Hygiene of Food Retailing and Catering conducted by the Royal Society of Health. A total of 46 students were successful in passing the examination.

Housing

One inspector is fully engaged on work arising from applications for improvement grants and qualification certificates under the Housing Act 1969. Each house which is the subject of an application is inspected to ensure that it is in a good state of repair and to check on the amenities available.

It would appear unlikely that applicants, including estate agents, inspect the property concerned before submitting an application for a qualification certificate and invariably claim that the house is in good repair. In most cases this is found not to be so and it is necessary to notify the applicants of defects of repair which must receive attention before a qualification certificate is issued. A great deal of work and delay is therefore caused because of inaccurate statements by applicants.

496 applications for qualification certificates have been dealt with and 290 inspections carried out in connection with applications for improvement grants.

Offices, Shops and Railway Premises Act 1963

Two inspectors are engaged in inspections arising from the administration of the Offices, Shops and Railway Premises Act, 1963. This Act deals with such things as heating, ventilation, overcrowding and the satisfactory provision of first aid equipment, sanitary accommodation, washing facilities and cloakrooms.

1,069 inspections were carried out during the year which resulted in notices being served on 69 occupiers to deal with contraventions of the Act. None of the contraventions was serious and prompt co-operation was obtained from occupiers in dealing with matters brought to their attention.

Pigeon control

Complaints continued to be received of nuisance from pigeons, particularly in the built up areas of the town. Pigeon control work was carried out by a contractor who found trapping and baiting methods the most effective way of controlling the numbers of birds. During the year 402 pigeons were taken.

Rodent Control

As a result of complaints from the public, 787 properties were found to be infested with rodents and were dealt with by those methods of destruction recommended by the Ministry of Agriculture, Fisheries and Food. While officers of the Ministry are engaged continually in research to find alternative treatment for rats and mice, the use of anti-coagulants are still considered to produce the best results.

PUBLIC HEALTH INSPECTION

1. Complaints

No. Received	Notices Served		Prosecution
	Informal	Formal	
2341	836	103	19

2. Food & Drugs

(a) Complaints

Food Complaints	Prosecutions	Total Fines imposed
37	25	£590

(b) Sampling

Type	Samples Taken	Results
<u>General Food</u> - Informal	312	Unsatisfactory 23
Chemical Analysis Formal	15	
<u>Milk</u>		
Phosphatase	194	Satisfactory
Turbidity	12	"
Methylene Blue	193	"
<u>Ice Cream</u>	134	Grade I 86 II 16 III 18 IV 14
<u>Shell Fish</u>	262	Satisfactory 234
<u>Liquid Egg</u>	8	Satisfactory 8

3. Food Hygiene (General) Regulations 1960

Number of premises to which the Regulations apply:

Type of Premises	No. of Premises
Greengrocers ...	160
Butchers ...	131
Grocers ...	239
Confectioners ...	226
Fishmongers ...	67
Bakers & Flour Confectioners ...	76
Cafes ...	294
Licensed Premises ...	155
Ice Cream Manufacturers ...	5
Hotels & Boarding Houses ...	226
Canteens ...	113
Dairies ...	4
Miscellaneous ...	84
	<u>1780</u>

All premises comply with Regulation 16, requiring the provision of washbasins and Regulation 19, requiring the provision of sinks, is complied with in the 1668 premises to which it applies. Over 10 tons of various foodstuffs were surrendered by food retailers as being unfit for human consumption.

Liquid Egg (Pasteurisation) Regulations 1963

Number of eggs pasteurisation plants in the district	...	0
Number of samples of liquid egg submitted to the		
Alpha-Amylase Test	...	6
Number unsatisfactory	...	0

Poultry Inspection

Number of poultry processing premises within the district	...	2
Average weekly slaughter	...	800

4. Registrations & Licensing

Act or Regulation	No. Registered
<u>Milk & Dairies (General) Regulations 1959</u>	
Distributors of Milk	234
Dairies	2
Milk Store	1
<u>Milk (Special Designations) Regulations 1963-65</u>	
Dealers pasteurisers licences	2
Pre-packed Milk licences	234
<u>Food & Drugs Act 1955 Section 16</u>	
Registration for sale, manufacture or storage of ice cream	533
Preparation of sausages or potted pressed pickled or preserved food	174
<u>Southend-on-Sea Corporation Act 1947</u>	
Premises registered for sale of Shellfish ...	26
<u>Caravan Sites & Control of Development Act, 1960</u>	
Site Licensed	1
<u>Rag, Flock and Other Filling Materials Act, 1951</u>	
Premises Registered	8
Number of Samples analysed	5
<u>Pet Animals Act, 1951</u>	
Premises Registered	18
<u>Riding Establishments Act, 1964</u>	
Premises Registered	1
<u>Animal Boarding Establishments Act, 1963</u>	
Premises Registered	1
<u>Diseases of Animals (Waste Food) Order, 1957</u>	
Premises Licensed	1
<u>Pharmacy & Poisons Act, 1933</u>	
Persons Registered	97

5. Inspections carried out

Statutory Provisions	No. of Visits	Defects Found	Notices Served
Food Premises	7771	245	192
Shellfish Dealers	608	-	-
Merchandise Marks Act 1926	55	-	-
Pharmacy & Poisons Act, 1933	186	-	-
Offices, Shops & Railway Premises Act, 1963	1069	69	29
Dirty & Verminous Premises	290	-	-
Caravan Sites & Control of Development Act, 1960	45	-	-
Rodent Control	2987	599	2
Pet Animals Act, 1951	60	-	-
Clean Air Act, 1956	511	1	1
Diseases of Animals Act, 1950	208	-	-
Diseases of Animals (Waste Food) Order, 1957	9	-	-
Houses in Multiple Occupation	1161	27	2
Infectious Disease Control	1326	-	-
Noise Abatement Act, 1960	553	1	1
Places of Public Entertainment	16	-	-
Prevention of Damage by Pests Act, 1949	225	-	-
Rehousing Enquiries	101	-	-
Riding Establishments	6	-	-
Schools (Sanitary accommodation)	51	-	-
Swimming Pools	194	-	-

6. HOUSING

Housing Act, 1969

During the year 496 applications were received from owners or agents for qualification certificates. After all the conditions had been satisfied, 38 qualification certificates were granted by the Local Authority. In order to assist owners in carrying out improvements, 266 improvement grant applications were also dealt with. Works of Improvement and Repair carried out during 1970 to property in order to satisfy the qualifying condition under the provisions of the Act were as follows:-

Internal :	Doors	3	External:	Defect brickwork	
	Fireplace	1		Rendering	13
	Flooring	2		Gully dishing	10
	Plaster walls and ceiling	12		Drainage	1
	Washbasins	3		Fencing	2
	W.C.	1		Gutters	1
	Windows	50		Painting	3
Improvements:	Bath	1		Paving	3
	Hot & Cold Water supply	1		Rainwater pipes	3
	Wash Hand Basin	1		Roofs	4
				Stairs	2
				Windows	17

**Houses in
Multiple Occupation**

There are now in the Borough 217 houses which are let as houses in multiple occupation to two or more families. Fifty of these houses are subject to directions made under Section 19, Housing Act, 1961, which limit the number of persons who may be accommodated having regard to the amenities available.

Unfit Housing

During the year one clearance area was made involving 35 houses, one house was the subject of a demolition order and two undertakings were received in respect of two houses not to be used for human habitation.

Repair of Houses

Four hundred and ninety-four houses were made fit during the year following the service of notices under the Public Health Acts.

7. FACTORIES ACT, 1961

Inspections

Premises	Number on Register	Number of	
		Inspections	Written Notices
(a) Factories in which Sections 1, 2, 3,4, and 6 are to be enforced by the Local Authority	13	53	2
(b) Factories not included in (a) to which Section 7 applies	484	557	16
(c) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	20	25	1
Total	517	635	19

**Cases in which
defects were found**

Particulars	Number of cases in which were		Number of cases in which prosecutions were instituted
	Found	Remedied	
Want of cleanliness	1	-	-
Unreasonable temperature	-	-	-
Overcrowding	-	-	-
Inadequate ventilation	3	-	-
Lighting	-	-	-
Ineffective drainage of floors	-	-	-
Sanitary conveniences			
(a) insufficient	1	2	-
(b) Unsuitable or defective	37	29	-
(c) Not separate for sexes	-	-	-
Other offences against the Act (not including offences relating to outwork)	1	1	-
Total	43	32	-

Contraventions

Failure to comply with the Act in respect of the following was brought to the notice of registered premises:

Cleanliness	4
Overcrowding	1
Temperature	12
Ventilation	2
Lighting	2
Sanitary	4
Conveniences	6
Washing facilities	6
Floors, Passages and stairs	10
First Aid, other matters	22
Total	<u>69</u>

Accidents

During the year 47 accidents were reported, none of which was fatal. The occurrence of these was as follows:

Offices	Retail Shops	Warehouses	Catering Establishments
4	38	2	3

**Fertilizer &
Feeding Stuffs
Act 1926**

Seven samples were taken under the above Act all samples were found to comply with legal standards.

STATISTICAL TABLES

Table 1

Vital Statistics 1970

	Totals	Rates per 1,000 Popu- lation	Rates per cent of Live Births	Rates per 1,000 Live Births	Rates per 1,000 Live Belated Births	Rates per 1,000 Total Births	England and Wales (Provi- sional)
Live Births	2,103	15.1 *					16.0
Males 1,064							
Females 1,039							
Illegitimate 224			11.0				8.0
Stillbirths	27					13.0	13.0
Males 17							
Females 10							
Total Live and Stillbirths	2,130						
Males 1,081							
Females 1,049							
Infant Deaths (Under 1)	42			20.0			18.0
Males 25							
Females 17							
Legitimate 38					20.0		
Illegitimate 4					18.0		
Neo-natal Deaths (Under 4 weeks)	32			15.0			12.0
Males 19							
Females 13							
Early neo-natal Deaths (Under 1 week)	27			13.0			11.0
Males 17							
Females 10							
Peri-natal Mortality (Combined Stillbirths and Deaths Under 1 week)	52					25.0	23.0

*"Adjusted" rate i.e. the crude rate multiplied
by the area comparability factor of 1.18.

Population

Estimated Mid Year Population 164,770

Table 2

Deaths caused by Diseases of the Respiratory System

Year	Tuberculosis		Lung Cancer		Pneumonia		Bronchitis		Asthma		Other Diseases	
	M	F	M	F	M	F	M	F	M	F	M	F
1970	3	2	109	28	53	56	82	34	1	4	18	13
1969	2	2	104	29	48	60	85	30	1	1	11	13
1968	1	4	106	29	45	74	105	28	5	4	6	15
1967	2	3	91	23	31	31	83	38	-*	-*	9	5
1966	4	1	108	18	33	55	98	44	-*	-*	8	8

* Separate figures for asthma not shown

Table 3

Deaths caused by Heart Disease

Year	Chronic Rheumatic Heart Disease		Hypertensive Disease		Ischaemic Disease		Other forms of Heart Disease		Total for Heart Disease	
	M	F	M	F	M	F	M	F	M	F
1970	9	17	18	26	390	342	45	63	462	448
1969	6	22	19	26	364	316	34	77	423	441
1968	4	11	24	27	378	316	58	72	464	426
1967*									389	390
1966*									375	412

* Figures for 1966 and 1967 not available under these headings

Table 4

DEATHS	TOTALS	RATES PER 1,000 POPULATION	ENGLAND WALES (PROVISIONAL)
Total Males 1,245			
Total Females 1,389			
All Deaths	2,634	11.7	11.7
FROM:-			
Whooping Cough	-	-	-
Diphtheria	-	-	-
Tuberculosis	5	0.03	0.03
Influenza	17	0.10	0.15
Acute Poliomyelitis	-	-	-
Pneumonia	109	0.67	0.87
Ischaemic Heart Disease	732	4.44	2.84

Table 5

Deaths caused by Violence

AGE GROUP	MOTOR VEHICLE ACCIDENTS		ALL OTHER ACCIDENTS		SUICIDE	
	M	F	M	F	M	F
UNDER 1	-	-	-	2	-	-
1 - 4	-	-	-	1	-	-
5 - 14	-	-	2	-	-	-
15 - 24	1	3	1	-	2	-
25 - 34	4	-	2	-	2	-
35 - 44	2	-	1	-	1	6
45 - 54	-	1	1	-	3	-
55 - 64	1	1	4	3	3	2
65 - 74	-	-	-	2	4	1
75 and over	-	3	5	16	4	1
TOTAL	8	8	16	24	19	10

Table 6**Expenditure****Principal Expenditure - Year ended 31st March, 1970**

			£	s.	d.
N.H.S.A.	Section	21	Health Centres	14,198.	13. 8.
		22	Care of Mothers & Young Children	37,057.	13. 9.
		23	Midwifery	30,722.	9. 3.
		24	Health Visiting	37,469.	3. 9.
		25	Home Nursing	54,041.	6. 6.
		26	Vaccinations & Immunisation	6,793.	6. 8.
		27	Ambulance Service	78,985.	10. 2.
		28	Prevention of Illness & After Care	15,191.	6. 5.
		29	Domestic Help	97,617.	0. 5.
		51	Mental Health	82,635.	7. 4.
			Other Health Service	1,431.	17. 5.
			Income from these Services	28,071.	8. 5.
PUBLIC HEALTH ACTS					
			General Sanitary Expenses	46,696.	19. 1.
			Disinfecting	1,959.	19. 11.
			Mortuary	2,151.	11. 5.
			Rodent Control	1,465.	1. 2.
			Health General	6,245.	5. 11.
			Income from these Services	418.	13. 1.
NATIONAL ASSISTANCE ACTS					
			Residential Accommodation		
			Roche Close	184,799.	19. 6.
			Other Homes	211,787.	11. 0.
			Fairview Drive	13,366.	8. 6.
			Sites	11,422.	9. 7.
			Temporary Accommodation	316.	14. 0.
			Provided by other Local Authorities	8,129.	15. 3.
			Provided by Voluntary Organisations	77,039.	2. 7.
			Contribution to Housing Committee	4,150.	0. 0.
			Contribution to Housing Assoc.	100.	0. 0.
			Income from these Services	209,449.	15. 2.

Table 7

Child Welfare Clinic Attendances

	Southend	Southchurch	Leigh	Westcliff	Shoebury	Thorpedene	Kent Elms	Blenheim	Manners Way	Earls Hall	North Avenue	TOTAL
No. of sessions	103	100	83	102	25	102	102	26	24	28	52	747
No. attending												
Born in 1970	274	255	222	320	44	171	279	64	28	51	71	1779
Born in 1969	229	147	140	285	32	141	251	42	32	56	98	1453
Born in 1965-68	152	78	91	125	11	68	121	12	20	22	16	723
Total Attendances												
Born in 1970	1733	2094	1274	2100	337	1386	2271	472	322	479	725	13203
Born in 1969	1198	1171	887	1410	147	686	1467	288	158	340	595	8347
Born in 1965-68	407	304	269	308	77	262	286	75	42	44	73	2147
No. aged 1 to 5 (routine medical inspections)	149	224	181	187	7	47	28	-	-	16	14	853

Table 8

Welfare and Other Foods Distributed

Year	National Dried Milk Packets	Cod Liver Oil Bottles	Vitamins A and D Packets	Orange Juice bottles
1967	21,007	2,527	2,338	42,660
1968	16,075	2,232	2,036	40,750
1969	15,287	2,226	2,306	44,750
1970	11,995	2,017	2,362	45,237

Table 9

Ante-Natal Clinics

	M.H.C.	Leigh	Kent Elms	Westcliff	Thorpedene	Total
Number of Sessions	155	28	43	104	48	378
Number of individual expectant mothers	1094	249	345	604	239	2531
Total Attendances	4579	706	1385	2087	598	9355

Table 10

Post-Natal Clinic

	M.H.C.	Leigh	Kent Elms	Westcliff	Thorpedene	Total
Number of Sessions held	34	28	43	104	48	257
Number of individual Mothers who attended	369	60	166	201	46	842
Total attendances	433	72	203	207	49	964

Table 11

Relaxation Classes

Number of sessions	247
Number of expectant mothers who attended	489
Total attendances	3162

Table 12

Ante-Natal Haemoglobin Estimations during 1970-1534 tests

Haemoglobin Gms. %	Under 7.5	7.5 - 8.1	8.2 - 8.9	9.0 - 9.6	9.7 - 10.4	10.5 - 11.2	11.3 - 12.0	12.1 - 12.6	12.7 - 13.3	13.4 - 14.1	14.2 - 14.8	14.9 +
% Haemoglobin 14.8 average	Under 51	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	91-100	100+
No. of Tests	4	-	2	13	33	153	418	378	339	152	31	11
% of each group	0.3	-	0.1	0.8	2.2	10.0	27.2	24.7	22.1	9.9	2.0	0.7

Table 13

V.E.R.L. Tests		Rhesus Factor Tests		
No. of Tests made	Negative	No. of tests made	Rhesus Pos.	Rhesus Neg.
1564	1561	1564	1277	287

Table 14

Deaths under 1 year by Age Groups

Age Groups	Male	Female	Total
Under 24 hours	13	6	19
24 hours - 1 week	4	4	8
Total under 1 week	17	10	27
1 - 2 weeks	-	1	1
2 - 4 weeks	2	2	4
Total Neo-natal mortality	19	13	32
1 - 3 months	4	1	5
3 - 6 months	1	1	2
6 - 9 months	-	1	1
9 - 12 months	1	1	2
Total Infant Mortality	25	17	42

Table 15

Peri-Natal Mortality

Year	No. of Stillbirths	No. of infants dying aged up to and including seven days	Total	Total live and Stillbirths	Rate per 1,000 live and stillbirths
1970	27	27	54	2,130	25.3
1969	26	20	46	2,167	21.0
1968	35	23	58	2,223	26.1
1967	28	30	58	2,302	25.2
1966	37	25	62	2,427	25.6
1965	42	31	73	2,463	29.6
1964	34	31	65	2,485	26.2
1963	38	27	65	2,510	25.9
1962	27	29	56	2,421	23.1
1961	36	25	61	2,346	26.0

Table 16

Premature Births 1970

Weight at birth	Premature Live Births												Premature stillbirths	
	Born in Hospital				Born at home or in nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
Total births	Died within 24 hrs of birth	Died in 1 day and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hrs of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hrs. of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Born in Hospital	Born at home or in nursing home	
2 lb 3 oz or less	4	4	.	.	1	.	.	.	1	.	.	.	2	.
Over 2 lb 3 oz up to and incl. 3 lb 4 oz	8	4	2	.	.	.	.	.	.	.	.	.	6	.
Over 3 lb 4 oz up to and incl. 4 lb 6 oz	25	.	2	.	.	.	.	.	.	.	.	.	3	.
Over 4 lb 6 oz up to and incl. 4 lb 15 oz	33	3	.	.	.	.	.	.	.	.	.	.	6	.
Over 4 lb 15 oz up to and incl. 5 lb 8 oz	66	3	1	.	3	1	.	.	.	.	.	.	1	.
TOTALS	136	14	5	.	4	1	.	.	3	1	.	.	18	.

Table 17

<u>Infants Deaths</u>		<u>Still Births</u>	
Prematurity	13	Congenital Defect	4
Congenital Defects	11	I.U.D.	2
Asphyxia	5	Pre-eclamptic toxæmia	2
Respiratory Infection	3	Accidental Haemorrhage	5
Birth Injury	1	Placenta Praevia	2
Cot Death	3	Placental Insufficiency	5
*Others	5	Birth Hazards	5
		Unclassified	2

* i. Haemorrhagic disease of newborn
 ii. Inhaled stomach contents (accident)
 iii. Pulmonary Haemorrhage
 iv. Fractured skull (Manslaughter)
 v. Werdnig-Hoffmans disease

Table 18

**Death of Children between
Ages 1 to 5 years**

	Male		Female
1 year	Gastroenteritis	3 years	Sick cell anemia
2 years	Virus encephalitis	4 years	Leukaemia
2 years	Hypothermia (Accident at sea)		
2 years	Gastroenteritis		
3 years	Gastroenteritis		
3 years	Intestinal obstruction		

Table 19

**Death of Children between
Ages 5 to 15 years**

	Male		Female
13 years	Uraemia	5 years	Asthma
		6 years	Leukaemia
		14 years	Broncho pneumonia associated with congenital defect

Table 20

Congenital Malformations

Year	Notifications Received	Notifications Returned to G.R.O.	Rates per 1,000 births (live and still)
1965	67	32	13.0
1966	59	25	10.3
1967	72	35	15.2
1968	43	26	11.9
1969	37	26	12.0
1970	57	41	19.2

Table 21

Health Visiting

Cases visited by Health Visitors		No. of Cases
1.	Total number of cases	8904
2.	Children born in 1970	2316
3.	Children born in 1969	2489
4.	Children born in 1965-68	3088
5.	Total number of children in lines 2 - 4	7893
6.	Persons aged 65 or over	14
7.	Number included in line 6 who were visited at the special request of a GP or Hospital	9
8.	Mentally disordered persons	14
9.	Number included in line 8 who were visited at the special request of a GP or Hospital	1
10.	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	-
11.	Number included in line 10 who were visited at the special request of a GP or hospital	-
12.	Number of tuberculosis households visited	-
13.	Number of households visited on account of other infectious diseases	62
14.	Other cases	1001
15.	Number of tuberculosis households visited by tuberculosis visitors	100

Table 22

Home Nursing Service

Year	Age at time of first visit during the year			
	Over 65		Under 5	
	No.	Visits Paid	No.	Visits Paid
1966	2791	74,480	24	123
1967	2792	75,428	29	111
1968	2970	75,565	16	73
1969	2981	76,571	18	178
1970	3086	77,096	17	437

Table 23

Medical Comforts

Number of issues	1248
Total Number of Articles	1481

Bedpans	369
Plastic Sheets	163
Air Rings	92
Feeding Cups	22
Wheelchairs	191
Cradles	107
Bottles	103
Crutches	47
Commodes	169
Back Rests	142
Walking Aids	58
Walking Sticks	18
	<hr/>
	1481

Table 24

Home Nursing

Classification of Conditions treated	Number of Patients Visited					
	1949	1966	1967	1968	1969	1970
Accidents	23	2	5	6	9	17
Amputations	6	-	3	1	-	4
Blood Diseases	32	497	602	658	501	546
Bronchitis and Pleurisy	81	324	321	386	341	355
Burns and Scalds	20	26	25	19	20	47
Carbuncles, Boils and Abscesses	44	76	40	22	21	23
Cardiac and Circulatory Conditions	200	429	400	494	490	561
Cerebral Haemorrhage	142	249	289	297	266	203
Dental Conditions	-	-	1	-	1	-
Diabetes Mellitus	142	77	70	76	67	71
Ear, Nose and Throat Conditions	88	31	21	18	22	46
Enema (for treatment)	188	428	381	408	326	368
Enema (for investigation)	255	550	486	561	568	522
Eye Conditions	13	12	12	15	10	15
Fractures	27	7	8	16	14	32
Gangrene	9	4	7	2	3	1
Gastric Conditions	19	1	4	6	2	5
Gynaecological Conditions	45	21	26	23	17	20
Helminth Infections	55	-	-	-	-	-
Infectious Diseases	5	-	-	-	-	1
Influenza	11	7	2	7	14	4
Injections (for unclassified causes)	20	4	3	3	23	48
Maternity	7	65	37	5	5	5
Miscarriage	13	2	6	2	2	3
Malignant Diseases	167	275	286	189	193	214
Nervous Diseases	2	39	45	65	60	37
Operations	8	-	1	-	2	6
Paralysis (other than strokes)	37	32	40	5	2	11
Pneumonia	90	30	41	35	25	24
Prostatic Conditions	66	6	6	8	17	27
Pyrexia of Unknown Origin	-	1	1	-	-	1
Rheumatic Diseases	62	228	243	130	113	116
Senility	135	346	343	291	304	264
Skin Conditions	26	23	43	30	48	44
Surgical Dressings	92	344	364	394	410	592
Tuberculosis	22	50	50	27	30	29
Urinary and Renal Conditions	3	25	37	221	224	139
Ulceration of Legs	36	132	140	186	206	238
Not classified	8	5	4	2	2	3
Total Patients	2, 199	4, 348	4, 393	4, 408	4, 358	4, 562
Total Visits	56, 897	99, 102	99, 758	111, 880	107, 318	110, 679
Total of whole-time and equivalent whole-time staff at end of year	14.5	27	27	27.2	30	31

Table 25

Smallpox Vaccination - Aged under 15

At Council's Clinics:

Primary 786
Re-vaccination 74

By Private Practitioners:

Primary 689
Re-Vaccination 217

Table 26

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

	Diphtheria	Whooping Cough	Tetanus	Poliomyelitis
Completed Primary Courses				
1) At Council's Clinics.				
Children under 4	535	528	535	609
Children 4 - 16	101	21	105	135
Totals	636	549	640	744
2) By Private Practitioners				
Children under 4	935	923	945	851
Children 4 - 16	48	26	322	63
Totals	983	949	1,267	914
Reinforcing Doses				
1) At Council's Clinics.				
Children under 4	12	3	12	7
Children 4 - 16	1,148	3	1,152	1,163
Totals	1,160	6	1,164	1,170
2) By Private Practitioners				
Children under 4	86	69	95	48
Children 4 - 14	795	119	1,108	763
Totals	881	188	1,203	811

Table 27

Cholera	9	Tetanus	6
Typhoid	3	Yellow Fever	381
Cholera/Typhoid	300	Typhoid/Tetanus	4
Smallpox (Adults only)	604		

Table 28

Ambulance Service

a) Mileage

Transport	Mileage		Patients Carried		Miles per Patient	
	1970	1969	1970	1969	1970	1969
St. John Amb. Brigade	119,222	125,189	17,418	18,120	6.84	6.91
Corporation Lift Amb.	25,726	24,850	15,816	16,221	1.63	1.53
Hospital Car Service	263,890	276,623	49,464	52,479	5.33	5.27
Corporation Car Pool	133,853	127,213	24,262	21,233	5.52	5.99
Total Transport by road	542,691	553,875	106,960	108,053	5.07	5.13
Transport by Rail	38,307	30,450	951	793	40.28	38.4

Table 29

b) Proportionate comparison, 1961, 1969 and 1970

Transport	Miles			Patients		
	1961 %	1969 %	1970 %	1961 %	1969 %	1970 %
St. John Ambulance Brigade	29	23	22	19	17	16
Corporation Lift Ambulances (2)	8	4	5	20	15	15
Hospital Car Service	60	50	48	60	49	46
Corporation Car Pool	3	23	25	1	19	23

Table 30

c) Analysis of Journeys

	St. John Amb. Brigade		Hospital Car Service		Corporation Car Pool		Corporation Lift. Amb.		Totals	
	Patients Carried	Increase/ Decrease over 1969	Patients Carried	Increase/ Decrease over 1969	Patients Carried	Increase/ Decrease over 1969	Patients Carried	Increase/ Decrease over 1969	Patients Carried	Increase/ Decrease over 1969
London Hospitals	108	+ 12	311	- 21	3	- 6	2		424	- 15
Limb Fitting Ctre. Roehampton			117	- 88					117	- 88
Limb Fitting Ctre. Gillingham	24	+ 22	604	+ 90				- 26	628	+ 86
Limb Fitting Ctre. Cambridge		- 4	114	+ 50			4	+ 4	118	+ 50
Runwell Hospital	123	- 27	383	+ 13	11,343	+2,497			11,849	+2,483
Rochford General Hospital	4,992	+ 6	2,832	-258	12,445	+236	2		20,271	- 14
Other Hosp. outside Borough	28	+ 16	185	+ 63	17	- 10	5	+ 5	235	+ 74
Convalescent Homes outside Borough			48	- 3					48	- 3
Misc. Transfers outside Borough	41	- 25	180	+ 3	30	+ 20			251	- 2
Southend General Hospital	8,049	-283	41,205	-2,528	396	+290	15,780	-387		
Occupational Therapy Dept. Westcliff			2,410	+ 21					2,410	+ 21
Westcliff Hospital	618	-168	238	-235					621	-403
Lancaster House	64	-114	270	-334	3	- 3			337	-451
Local Railway Stations	154	- 19	756	+216	13	+ 3	23	+ 1	946	+223
Misc. Local Journeys	3,217	-118	46	- 4	12	+ 2			3,275	- 120
Totals	17,418	-702	49,464	-3,015	24,262	+3,029	15,816	-405	106,960	-1,093

Table 31

Tuberculin Skin Testing and B.C.G. Vaccination

	Acceptance Rate %	Percentage Previously Vaccinated	Natural Positive Rate %	Conversion Rate %
1st year	95.0 (92.3)	7.87 (7.37)	1.20 (0.96)	- -
2nd year	94.3 (92.7)	7.70 (7.09)	1.44 (1.91)	0.40 (0.14)
3rd year	93.1 (94.9)	7.48 (7.45)	1.94 (3.08)	0.38 (0.39)

The Figures in brackets are those for the previous year.

Table 32

Heaf Reactions of Unvaccinated Secondary School Pupils

	Grade of Reaction to Heaf Test				Total
	1	2	3	4	
1st year	13 (9)	2 (2)	2 (2)	- (-)	17 (11)
2nd year	11 (5)	- (1)	1 (1)	- (1)	12 (8)
3rd year	7 (6)	1 (3)	1 (-)	- (1)	9 (10)
TOTAL	31 (20)	3 (6)	4 (3)	- (1)	38 (29)

The Figures in brackets are those for the previous year.

Table 33

Summary - All Schools

Total No.	First Year Pupils	Second Year Pupils	Third Year Pupils	Private Schools	Total
Invited	2, 256	2, 331	2, 346	80	7, 013
Consented	2, 143	2, 199	2, 184	80	6, 606
Tested	1, 878	1, 850	2, 044	79	5, 851
Negative	1, 742	1, 697	1, 849	73	5, 361
Natural Positive	16	11	9	1	37
Prior vaccination	1	-	105	2	108
Converters	-	6	6	-	12
B.C.G. given	-	-	1, 768	70	1, 838

Table 34

**No. of patients referred to Local Health Authority during
year ended 31.12.70**

Referred by	Mentally Ill				Psychopathic				Totals				Grand Total
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	
General Practitioners	-	-	21	22	-	-	-	-	-	-	21	22	43
Hospitals on discharge from in-patient treatment	-	-	5	7	-	-	-	-	-	-	5	7	12
Hospitals after or during out-patient or day treatment	-	-	14	15	-	-	-	-	-	-	14	15	29
Local Education Authorities	-	-	-	-	-	-	-	-	-	-	-	-	-
Police and Courts	-	-	9	22	-	-	-	-	-	-	9	22	31
Other sources	-	-	36	47	-	-	-	1	-	-	36	48	84
Totals	-	-	85	113	-	-	-	1	-	-	85	114	199

No. of patients under Community Care of Local Authority at home on 31.12.1969 128

No. of patients under Community Care of Local Authority at home on 31.12.1970 136

Table 35

Admission to Hospital

	Informal		Section 20		Section 25		Section 26		Section 60		Totals	
Category	M	F	M	F	M	F	M	F	M	F	M	F
Mental Illness	43	93	64	69	13	39	6	11	1	-	127	212
Psychopathic	-	-	-	-	-	-	-	-	-	-	-	-
Totals	43	93	64	69	13	39	6	11	1	-	127	212
1970 1969 1968 1967 1966	136		133		52		17		1		389	
	119		168		73		30		-		392	
	171		94		99		38		-		397	
	181		84		99		18		-		382	
	190		154		42		24		-		410	
Age Groups on Admission												
	Under 21	21-30	31-40	41-50	51-60	61-70	71 and over	Totals				
Male	15	28	21	23	9	11	20	127				
Female	5	22	31	28	50	27	49	212				
Totals 1970	20	50	52	51	59	38	69	339				
Totals 1969	24	59	65	77	48	46	73	392				

Table 36

No. of patients referred to Local Health Authority during 1970

Referred by	Mentally Handicapped				Severely Mentally Handicapped				Total
	Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	
General Practitioners	-	-	-	-	-	-	-	-	-
Hospitals, on discharge from in-patient	-	-	-	-	-	-	-	-	-
Hospital after or during out-patient or day treatment	-	-	-	-	-	-	-	-	-
Local Education Authorities	-	-	-	-	-	-	-	-	-
Police and Courts	-	-	-	-	-	-	-	-	-
Other Sources	-	-	-	1	1	1	-	2	5
Total	-	-	-	1	1	1	-	2	5

Table 37

Total cases on Authority's Register at 31.12.70 and disposal

Referred by	Mentally Handicapped				Severely Mentally Handicapped				Totals
	Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	
Attending Day Training Centre	8	1	15	10	24	25	19	34	136
Resident in Res. Training Centre	-	-	-	-	-	-	-	-	-
Receiving Home Training	-	-	-	-	-	-	-	-	-
Resident in L/A Home or Hostel	-	-	3	6	-	-	1	1	11
Resident in other Res. Homes/Hostels	1	-	1	12	3	3	2	3	25
Boarded out in private household	-	-	-	-	-	-	-	-	-
Resident in their own homes (not attending Day Centre)	-	-	78	136	11	9	20	19	273
Total on Register at 31.12.70.	9	1	97	164	38	37	42	57	445

Table 38

Age Groups in Community: Mentally Handicapped and Severely
Mentally Handicapped at 31.12.70

	Under 16		16-20		21-30		31-40		41-50		51-64		65 and over		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
M.H.	8	1	9	9	46	52	16	29	8	23	11	27	3	6	248
S.S.N.	35	34	9	13	9	22	10	7	9	6	1	1	1	4	161
Total 1970	43	35	18	22	55	74	26	36	17	29	12	28	4	10	409
Total 1969	51	30	17	47	45	53	27	31	18	31	12	28	1	11	402

Table 39

Infectious Diseases - Notifications

Disease	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
Measles	610	461	159	39	1269
Dysentery (Amoebic or Bac.)	48	-	1	1	50
Scarlet Fever	39	22	8	12	81
Acute Meningitis	2	-	1	-	3
Ophthalmia Neonatorum	-	-	3	2	5
Paratyphoid Fever	4	-	-	-	4
Food Poisoning	6	9	23	12	50
Infective Jaundice	6	9	4	6	25
Resp. Tuberculosis	8	11	7	11	37
T. B. 'Other'	1	1	4	-	6
Whooping Cough	4	16	14	24	58
Totals	728	529	224	107	1588

Table 40

Tuberculosis Notifications and Deaths

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-
5	5	-	5	-	-	-	-	-	4	-	4	-	-	-	-	-
15	1	-	1	-	1	-	1	-	2	1	3	-	-	-	-	-
25	2	1	3	-	1	-	1	-	3	3	6	-	-	-	-	-
35	1	6	7	-	-	-	-	-	1*	1	2	-	1	-	1	-
45	2	1	3	1	-	-	-	-	5	-	5	-	-	-	-	-
55	4*	2	6	2	1*	-	1*	-	-	1	1	-	-	-	-	-
65	1	-	1	-	1	-	1	-	1	-	1	2	-	-	-	-
75	1*	-	1	-	-	-	-	-	1	-	1	-	1	-	1	-
Totals	17+	10	27	3	4*	-	4*	-	19*	6	25	2	2	-	2	-

* Including one posthumous notification

+ Including two posthumous notifications

Table 41

Respiratory Tuberculosis

Primary Notifications Classified According to Age Groups

Age Group	1963		1964		1965		1966		1967		1968		1969		1970	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-
1	2	-	1	3	-	-	1	1	-	-	-	1	-	-	-	2
5	1	4	3	1	1	-	2	2	2	2	2	2	3	-	5	4
15	7	6	3	3	3	3	1	2	2	1	-	1	2	3	1	2
25	4	3	3	3	1	2	3	5	5	-	-	1	2	1	2	3
35	5	5	3	3	2	6	2	2	2	2	1	1	4	2	1	1
45	6	4	4	1	9	1	1	3	3	-	4	-	1	1	2	5
55	5	-	6	-	6	1	-	4	4	1	1	-	1	-	4	-
65	7	1	3	1	7	1	1	3	3	1	2	3	5	1	1	1
75	2	2	-	1	2	2	3	1	1	-	3	4	2	-	1	1
Totals	39	26	25	16	31	16	25	14	23	7	13	13	20	8	17	19
	65		41		47		39		30		26		28		36	

Table 42

Work of the Chest Clinic

	Respiratory				Non-Respiratory				Totals				Grand Totals
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
No. of notified cases on clinic register at 1st January.	355	229	6	19	15	52	5	1	370	281	11	20	682
Transfers from clinics outside area during year.	10	6	-	-	-	-	-	-	10	6	-	-	16
Children transferred to adult register	1	5	-	-	-	-	-	-	1	5	-	-	6
No. of new cases diagnosed during year: T.B. negative	2	3	4	6	-	1	-	-	2	4	4	6	16
T.B. positive	11	10	-	-	4	1	-	-	15	11	-	-	26
Totals	379	253	10	25	19	54	5	1	398	307	15	26	746
No. of cases written off clinic register during the year:													
Recovered	6	4	1	-	-	1	-	-	6	7	1	-	14
Died (all causes)	14	3	-	-	1	-	-	-	15	3	-	-	18
Removed to other clinic areas	5	4	-	1	2	-	-	-	7	4	-	1	12
Children transferred to adult register	-	-	1	5	-	-	-	-	-	-	1	5	6
Other reasons	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	25	13	2	6	3	1	-	-	28	14	2	6	50
No. of notified cases on clinic register at 31st December.	354	240	8	19	16	53	5	1	370	293	13	20	696
No. of above known to have had positive sputum during year	-	-	-	-	-	-	-	-	16	10	1	-	27
No. of persons (excluding transfers) first examined during the year	-	-	-	-	-	-	-	-	1,144	961	134	85	2,324
No. of those who attended as contacts and who were diagnosed as:													
Tuberculous	-	-	-	-	-	-	-	-	-	3	3	6	12
Not Tuberculous	-	-	-	-	-	-	-	-	133	130	36	19	318
Not determined as at 31st December.	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 43
Cases on Register at 31st December

Year	Respiratory				Non-Respiratory				Totals				Grand Totals
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1970	354	240	8	19	16	53	5	1	370	293	13	20	696
1969	355	229	6	19	15	52	5	1	370	281	11	20	682
1968	367	246	8	18	14	50	5	1	381	296	13	19	709
1967	386	253	8	21	13	52	6	1	399	305	14	22	740
1966	400	280	5	20	9	54	5	-	409	334	10	21	774
1965	403	278	5	17	7	51	5	-	410	329	10	17	776
1964	396	283	6	21	6	51	6	-	402	334	12	21	769
1963	397	283	6	23	5	44	6	-	402	327	12	23	764
1962	394	284	5	20	5	41	6	-	399	325	11	20	755
1961	397	295	8	22	5	39	7	1	402	334	15	23	774

Table 44
Customs Movements of Aircraft and Passengers

Month	Movements		Passengers	
	In	Out	In	Out
January	434	436	4, 873	5, 038
February	392	401	4, 280	4, 423
March	722	754	13, 097	15, 157
April	905	901	23, 176	21, 555
May	995	1, 005	24, 772	27, 907
June	945	964	22, 368	23, 413
July	1, 118	1, 131	27, 620	29, 705
August	1, 049	1, 069	33, 901	33, 525
September	964	981	26, 635	21, 493
October	683	682	12, 796	10, 711
November	542	549	6, 663	6, 769
December	550	549	9, 297	9, 069
Totals	9, 299	9, 422	209, 478	208, 765

Table 45

Medical Reports

Department	Statements of Health	Medical Examinations	Sick Pay Reports
Airport	8	1	2
Architects	16	1	-
Catering	102	2	2
Cemeteries	2	-	2
Childrens	15	-	1
Cleansing	6	-	-
Education (Candidates for training College)	-	175	-
Education	800	34	14
Entertainments	5	-	-
Engineers	118	5	57
Fire Brigade	9	2	3
Health	98	6	12
Housing	6	-	1
Justices Clerks	4	-	-
Libraries	17	-	2
Parks	61	3	7
Pier and Foreshore	5	-	2
Police	20	8	-
Town Clerks	30	1	2
Transport	267	4	11
Treasurers	39	2	-
Weights and Measures	2	-	-
Other Local Authorities	-	6	-

Table 46

**Accommodation provided Pursuant to Part III
National Assistance Act 1948**

Accommodated in	Persons resident on:										
	5.7 1948	31.12 1961	31.12 1962	31.12 1963	31.12 1964	31.12 1965	31.12 1966	31.12 1967	31.12 1968	31.12 1969	31.12 1970
Roche Close	213	291	298	310	316	310	312	305	280	262	235
Crowstone House	-	52	57	60	60	58	59	58	59	59	56
Pantile House	-	58	61	63	60	61	65	61	58	62	60
Whittingham House	-	60	61	62	62	63	62	61	63	62	61
Delaware House	-	19	59	59	60	58	60	60	61	55	57
Brook House	-	-	-	-	-	-	60	60	60	60	59
Priory House	-	-	-	-	-	-	-	59	60	62	60
Fairview House	-	-	-	-	-	-	-	-	-	-	60
Other Local Authorities ' Homes	25	18	17	20	15	13	13	15	13	13	10
Voluntary Homes under Section 26	23	127	137	137	153	172	176	183	182	201	217
Totals	261	625	690	711	726	735	807	862	836	836	875

Table 46 (Contd.)

Accommodation provided in	Resident on 1. 1. 70		Admitted during year		Discharged during year		Died during year		Remaining on 31. 12. 70	
	M	F	M	F	M	F	M	F	M	F
VOLUNTARY HOMES UNDER SECTION 26										
Alexandra House, Dovercourt	1	2		1				1	1	2
Ashley House, Bognor Regis	1								1	
British Home for Deaf and Dumb Women, London, E. 5.		1								1
British Home & Hospital for Incurables, Streatham, S. W. 16		1								1
Bethany Eventide Home, London, W. 5.				1						1
Chalfont Centre, Chalfont St. Peter, Bucks		3	2		1				1	3
Chaltonholme, Westcliff	3	12	1	1		2			4	11
Cheshire Foundation Home, Copthorne		1	1		1					1
Cliff Dene, Tankerton		2								2
Coombe Farm Residential Centre, Croydon		1								1
Cripplecraft, Herne Bay		1				1				
Cromwell House, Norwich		1								1
The Dell Rest Home, Oulton Broad		2								2
Dowsettholme, Southend		6						1		5
Dolly Ross Holiday Home, Bournemouth		1								1
Drayton Manor School, Basingstoke			1						1	
Eastwood Lodge, Eastwood	1	3		2		1		2	1	2
Elmside, Hitchin	1								1	
Elmswood, Bickley		1								1
Enham Village Centre, Andover			1						1	
Glebe House, Colchester		1								1
Glebe Court, Hendon, N. W. 4		1								1
Grosvenor House, St. Leonards-on-Sea		1								1

Table 46 (Contd.)

Accommodation provided in	Resident on 1.1.70		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.70	
	M	F	M	F	M	F	M	F	M	F
Homesdale, Wanstead		1		1						2
Hannah Levy House, Bournemouth				1						1
Jewish Home & Hospital, Tottenham, N.15		1								1
Home for Aged Jews, Wandsworth, S.W.12		5	1	2				2	1	5
Joseph House, Hemel Hempstead				1						1
The Lindens, St. Leonards-on-Sea		1								1
Lister House, Sharow	1								1	
Lawn Court, Bexhill-on-Sea			1						1	
Lewis Hammerson Memorial Home, London, N.2.				1						1
Millfield, Prittlewell		12		2		1		1		12
Morton House, Hemel Hempstead	1			1					1	1
Middleton Home for the Blind, Maldon		2						1		1
Memory House, Leigh-on-Sea				7						7
Nazareth House, Southend-on-Sea	11	17	4	8	1		4	3	10	22
Nurses Memorial to King Edward VII, Reigate		1								1
Nazareth House, Hammersmith				1						1
Oakhill House, Horsham	2								2	
Ponds, Seer Green		1								1
Priceholme, Scarborough		1								1
The Priory, Worthing		1								1
Penny Pots, Clacton-on-Sea		1								1
Royal Hospital & Home for Incurables, Putney		1								1

Table 46 (Contd.)

Accommodation provided in	Resident on 1.1.70		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.70	
	M	F	M	F	M	F	M	F	M	F
Rokefield, Westcott			1						1	
Residential Blind Home, Westcliff		11	1	1	1	1		1		10
Royal School for the Blind, Leatherhead		1								1
Rookstone, London, S. E. 26		1								1
Ridgemead House, Nr. Egham				1						1
Royal Scottish Masonic Home Dunblane				1						1
St. Bridget's Home, East Preston		1								1
St. Louise's, Leigh-on-Sea		1								1
St. Mildred's Court Eventide Home, Westgate-on-Sea		1								1
The School of Stitchery, Bookham, Surrey		1								1
Sandringham, Westcliff	5	17		3		1	3	2	2	17
Springdene, London, N. 20		1								1
Stratton House, Bath		1								1
St. Martin's, Westcliff		24						3	-	21
Tudor House, Grayshott				1						1
Victoria Oppenheim House, Westcliff	5	15	3	5	1	2	1		6	18
Winsford House, Clacton-on-Sea		3								3
Westerley, Westcliff				1						1

Table 47

**Persons maintained by Local Authority in
Part III Accommodation during 1970**

Accommodation provided in	Resident on 1.1.70		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.70	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY										
Roche Close, Rochford	48	214	51	143	43	116	9	53	47	188
Brook House	20	40	12	12	8	4	8	5	16	43
Crowstone House	-	59	-	32	-	33	-	2	-	56
Delaware House	18	37	14	35	9	19	4	15	19	38
Fairview House	-	-	18	60	5	11	2	-	11	49
Pantile House	25	37	17	24	12	11	5	15	25	35
Priory House	14	48	12	25	11	16	2	10	13	47
Whittingham House	23	39	14	22	7	13	5	12	25	36
HOMES OF OTHER LOCAL AUTHORITIES										
Cambridgeshire and Isle of Ely County Council		1								1
Chester City Council		1								1
Essex County Council	1	4		2		2		1	1	3
London Borough of Haringey		1				1				-
London Borough of Havering		1								1
Norfolk County Council		2								2
London Borough of Wandsworth		1				1				-
Worcestershire County Council		1								1

Table 48

ROCHE CLOSE

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.70	48	214	262
Admitted from home addresses	23	73	96
Admitted from Rochford Hospital	20	56	76
Admitted from Southend General Hospital	6	5	11
Admitted from Runwell Hospital	-	3	3
Admitted from Brook House	1	-	1
Admitted from Delaware House	-	1	1
Admitted from Fairview House	-	2	2
Admitted from Pantile House	-	1	1
Admitted from Priory House	1	-	1
Admitted from Whittingham House	-	-	-
Admitted from other Homes	-	2	2
	99	357	456
Discharged to home addresses	7	25	32
Discharged to Rochford Hospital	22	54	76
Discharged to Southend General Hospital	4	4	8
Discharged to Runwell Hospital	-	1	1
Discharged to Delaware House	2	6	8
Discharged to Fairview House	1	15	16
Discharged to Pantile House	-	2	2
Discharged to Priory House	1	6	7
Discharged to Whittingham House	4	1	5
Discharged to other Homes	2	2	4
Died in Roche Close	9	53	62
Resident on 31.12.70	47	188	235

Age Groups of Residents

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Under 65	8	11	19
65 - 69	3	7	10
70 - 74	4	19	23
75 - 79	8	41	49
80 - 84	9	37	46
85 - 89	14	43	57
90 and over	1	30	31
	47	188	235

Table 49

CROWSTONE HOUSE

	<u>Females</u>
Resident on 1.1.70	59
Admitted from home addresses	29
Admitted from Whittingham House	1
Admitted from Runwell Hospital	2
	<hr/>
	91
Discharged to home addresses	20
Discharged to Fairview House	1
Discharged to Runwell Hospital	4
Discharged to Rochford General Hospital	8
Died in Crowstone House	2
	<hr/>
Resident on 31st December, 1970	56
	<hr/>
<u>Age Groups of Residents</u>	
Under 65	-
65 - 69	2
70 - 74	2
75 - 79	13
80 - 84	13
85 - 89	11
90 and over	15
	<hr/>
	56
	<hr/>

Table 50

PANTILE HOUSE

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.70	25	37	62
Admitted from home addresses	17	18	35
Admitted from Roche Close	-	2	2
Admitted from Delaware House	-	1	1
Admitted from Rochford General Hospital	-	3	3
	<hr/>	<hr/>	<hr/>
	42	61	103
Discharged to home addresses	11	8	19
Discharged to Rochford General Hospital	1	3	4
Died in Pantile House	5	15	20
	<hr/>	<hr/>	<hr/>
Resident on 31.12.70	25	35	60
	<hr/>	<hr/>	<hr/>

Age groups of Residents

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Under 65	1	-	1
65 - 69	2	-	2
70 - 74	3	4	7
75 - 79	4	4	8
80 - 84	6	11	17
85 - 89	9	8	17
90 and over	-	8	8
	<u>25</u>	<u>35</u>	<u>60</u>

Table 51

WHITTINGHAM HOUSE

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.70	23	39	62
Admitted from home addresses	10	19	29
Admitted from Roche Close	4	1	5
Admitted from Runwell Hospital	-	1	1
Admitted from Southend General Hospital	-	1	1
	<u>37</u>	<u>61</u>	<u>98</u>
Discharged to home addresses	4	7	11
Discharged to Rochford General Hospital	2	1	3
Discharged to Fairview House	1	-	1
Discharged to Southend General Hospital	-	1	1
Discharged to Crowstone House	-	1	1
Discharged to Victoria Hospital	-	1	1
Discharged to Runwell Hospital	-	1	1
Discharged to St. Bartholomew's Hospital	-	1	1
Died in Whittingham House	5	12	17
Resident on 31.12.70	<u>25</u>	<u>36</u>	<u>61</u>

Age groups of Residents

Under 65	1	-	1
65 - 69	1	-	1
70 - 74	3	5	8
75 - 79	7	9	16
80 - 84	7	6	13
85 - 89	4	11	15
90 and over	2	5	7
	<u>25</u>	<u>36</u>	<u>61</u>

Table 52

DELAWARE HOUSE

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.70	18	37	55
Admitted from home addresses	10	26	36
Admitted from Roche Close	3	4	7
Admitted from Rochford General Hospital	1	2	3
Admitted from Runwell Hospital	-	2	2
Admitted from Cripplecrafft, Kent	-	1	1
	<hr/> 32	<hr/> 72	<hr/> 104
Discharged to home addresses	7	10	17
Discharged to Priory House	1	1	2
Discharged to Pantile House	-	1	1
Discharged to Roche Close	-	1	1
Discharged to Fairview House	-	2	2
Discharged to Rochford General Hospital	1	2	3
Discharged to Runwell Hospital	-	1	1
Discharged to Southend General Hospital	-	1	1
Died in Delaware House	<hr/> 4	<hr/> 15	<hr/> 19
Resident on 31.12.70	<hr/> 19	<hr/> 38	<hr/> 57
<u>Age groups of Residents</u>			
Under 65	1	1	2
65 - 69	2	2	4
70 - 74	2	1	3
75 - 79	5	9	14
80 - 84	5	9	14
85 - 89	2	10	12
90 and over	2	6	8
	<hr/> 19	<hr/> 38	<hr/> 57

Table 53

BROOK HOUSE

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.70	20	40	60
Admitted from home addresses	12	12	24
	<hr/> 32	<hr/> 52	<hr/> 84
Discharged to home addresses	4	1	5
Discharged to Roche Close	1	-	1
Discharged to Rochford General Hospital	2	2	4
Discharged to Southend General Hospital	1	1	2
Died in Brook House	<hr/> 8	<hr/> 5	<hr/> 13
Resident on 31st December, 1970	<hr/> 16	<hr/> 43	<hr/> 59

	<u>Males</u>	<u>Females</u>	<u>Total</u>
<u>Age groups of Residents</u>			
Under 65	-	-	-
65 - 69	1	-	1
70 - 74	4	5	9
75 - 79	1	5	6
80 - 84	1	11	12
85 - 89	4	8	12
90 and over	5	14	19
	<u>16</u>	<u>43</u>	<u>59</u>

Table 54

PRIORY HOUSE

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.70	14	48	62
Admitted from home addresses	9	17	26
Admitted from Roche Close	1	6	7
Admitted from Delaware House	1	1	2
Admitted from Rochford General Hospital	1	-	1
Admitted from Southend General Hospital	-	1	1
	<u>26</u>	<u>73</u>	<u>99</u>
Discharged to home addresses	7	11	18
Discharged to Roche Close	1	-	1
Discharged to Rochford General Hospital	1	5	6
Discharged to Southend General Hospital	2	-	2
Died in Priory House	2	10	12
	<u>13</u>	<u>47</u>	<u>60</u>
<u>Age groups of Residents</u>			
Under 65	=	-	-
65 - 69	-	2	2
70 - 74	3	3	6
75 - 79	2	8	10
80 - 84	6	12	18
85 - 89	1	13	14
90 and over	1	9	10
	<u>13</u>	<u>47</u>	<u>60</u>

Table 55

FAIRVIEW HOUSE

(This Home was opened for the reception of residents on 27.4.1970)

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Admitted from home addresses	15	37	52
Admitted from Roche Close	1	15	16
Admitted from Private Home	1	1	2
Admitted from Rochford General Hospital	1	2	3
Admitted from Southend General Hospital	-	1	1
Admitted from Westcliff Hospital	-	1	1
Admitted from Crowstone House	-	2	2
Admitted from Delaware House	-	1	1
	18	60	78
Discharged to home addresses	3	6	9
Discharged to Roche Close	-	2	2
Discharged to Rochford General Hospital	2	3	5
Died in Fairview House	2	-	2
Resident on 31st December 1970	11	49	60
<u>Age groups of Residents</u>			
Under 65	-	2	2
65 - 69	-	5	5
70 - 74	1	2	3
75 - 79	2	10	12
80 - 84	4	10	14
85 - 89	1	14	15
90 and over	3	6	9
	11	49	60

Table 56

Temporary Accommodation

During the year temporary accommodation was provided at Roche Close (16 cases), Delaware House (1 case), Fairview House (1 case), and St. Edith's Holiday Centre, Leigh-on-Sea (1 case), as under:-

	<u>No. of cases</u>	<u>Length of stay</u>
<u>Roche Close</u>		
Individual Men	7	2 for 1 night 2 for 2 nights 1 for 3 weeks 1 for 7 weeks 1 still in at end of year
Individual Women	4	3 for 1 night 1 for 3 weeks
Married couple	1	1 night
Mother and 2 children	4	3 for 1 night 1 for 4 nights
<u>Delaware House</u>		
Individual Women	1	1 night
<u>Fairview House</u>		
Individual Women	1	1 night
<u>St. Edith's Holiday Centre</u>		
Mother and 2 children	1	3 nights

Homeless families rehoused direct by Housing Authority and not included above:-

(i)	action by landlord	23
(ii)	other reasons	4

Table 57

Blind Welfare

Registration

Register of the Blind	Males	Females	Total
Number on Register 1.1.70.	208	436	644
Newly registered	25	49	74
Transfers in from other areas	4	7	11
Decertified	1	-	-
Left Borough during year	10	8	18
Died during year	28	48	76
On Register 31.12.70.	198	436	634
<u>Register of Partially Sighted</u>			
Newly Registered	19	20	39
Number on Register 31.12.70.	79	124	203

Table 58

Partially Sighted

Persons whose names were entered during 1970 in the register of the partially sighted were aged: -

30-39	3
40-49	1
50-59	2
60-64	3
65-69	1
70-74	6
75-79	10
80-84	6
85-89	6
90 and over	1

Total 39

Table 59

Blind Welfare (Contd.)

Age Groups of Registered Blind Persons

Age	All Registrations			New Cases		
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 1	-	-	-	-	-	-
1	-	-	-	-	-	-
2	-	-	-	-	-	-
3	-	-	-	-	-	-
4	-	-	-	-	-	-
5 - 10	-	1	1	-	-	-
11 - 15	1	-	1	-	-	-
16 - 20	4	4	8	1	1	2
21 - 29	3	5	8	1	1	2
30 - 39	5	11	16	-	2	2
40 - 49	5	10	15	1	-	1
50 - 59	21	22	43	1	2	3
60 - 64	12	12	24	-	2	2
65 - 69	13	25	38	1	1	2
70 - 74	21	49	70	2	6	8
75 - 79	37	66	103	5	10	15
80 - 84	33	86	119	8	14	22
85 - 89	25	83	108	8	11	19
90 and over	18	71	89	2	7	9
Unknown	-	-	-	-	-	-
TOTAL	198	445	643	29	57	86

G

General Dental Service	...	...	24
General Medical Service	...	...	23,24

H

Handicapped Persons	...	...	32
Health Centres	...	...	7,8
Health Visiting	...	...	13,55
Home Nursing	...	...	14,20,56,57
Housing	...	...	38,42-43
Hospital Maternity Services Liaison Committee			11

I

Ice Cream	...	...	41
Immigrants	...	...	28,29
Immunisation and Vaccination		...	15,58,61
Infant Mortality	11,54
Infectious Diseases	24,25,58,65

J

Junior Training Centre	21
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L

Liquid Egg (Pasteurisation) Regulations, 1963			40
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M

Maternal Mortality	11
Meals on Wheels	32
Medical Comforts	56
Medical Reports	29,69
Mental Health	...	...	21,62-65
Meteorology	...	...	5
Midwifery	...	...	13
Milk	...	...	41

N

Nurseries and Child-Minders		...	27,28
Nursing Homes	...	...	29

O

Offices, Shops and Railway Premises Act, 1963			39
Ophthalmic Services	...	...	24

P

Pantile House	76
Peri-Natal Mortality	...	...	52
Pharmaceutical Services	...	...	24
Population	...	...	46
Post-Natal clinics	...	...	10,51
Premature Infants	...	...	53
Priory House	...	...	79
Prevention of Illness, Care and After Care	...	...	17,61
Public Health Inspectors Work of	...	...	37-44

R

Registration of Disabled Persons or Old Persons Homes			33
Relaxation Classes	...	...	11,51
Residential Accommodation		...	30,33,34,70-80
Roche Close	...	...	75

S

Sanitary Circumstances of the Area.		...	5
Sewerage	...	...	5
Staff	...	...	3,4
Stillbirths	...	...	11,54
Subnormal Children	...	...	21,23

T

Temporary Accommodation		...	81
Tuberculosis	17,18,25,26,66-68

U

Unmarried Mothers	11
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V

Vaccination and Immunisation		...	15,58,61
Venereal Diseases	27
Vital Statistics	46,47,48

W

Water	5
Welfare Foods	...	...	10,50
Welfare Services	...	...	30-34,70-83
Whittingham House	...	...	77

**ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL
OFFICER FOR THE YEAR 1970**

**PRIMARY AND SPECIAL EDUCATION SUB-COMMITTEE
OF THE EDUCATION COMMITTEE**

Chairman

Alderman L.H. Curtois

Vice-Chairman

Mr. F.C. Gardner

Ex-Officio:

Chairman of Education Committee
Alderman A.V. Mussett

Vice-Chairman of Education Committee
Alderman F.G. Feather, F.C.A.

Councillor D.A. Atkinson
Councillor S.G. Ayre
Councillor Mrs. M.M.C. Bullock-Jarman
Councillor C.T. Jarman
Councillor Mrs. J. Sargent
Councillor L.A. Woodward
Rev. Canon F. Dobson
Rev. Canon S.T. Erskine
Mr. J.F. Dixon
Mr. H.F. McCarthy

STAFF OF THE SCHOOL HEALTH SERVICE

A. Whole-time Officers:

Principal School Medical Officer:
G.V. Griffin, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:
M.R. Mellor, M.B., Ch.B., L.R.C.P., D.P.H.

Senior Medical Officer and Senior School Medical Officer:
Isabelle Baird Barrie, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

School Medical Officers:
John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.
Laxmidas Hirji Thacker, M.B., B.S., D.A., resigned 30.9.70
Ellen Gwendoline O'Sullivan, L.R.C.P. & S.I., L.M., appointed from
part-time 1.2.70

Chief Dental Officer:
John Marcus Stratford, L.D.S. appointed 1.6.70

Superintendent Health Visitor:
Miss Edith Roberts, S.R.N., S.C.M., S.R.F.N., H.V. Diploma, H.V. Cert.

Health Visitors and School Nurses:

13 whole-time , 6 part-time

1 student under training

School Clinic Nurse:

Mrs. E. Delve, S.R.N. appointed 17.3.70. 1 School Clinic Attendant

School Nurses: 3

Senior Administrative Assistant:

Miss A.M. Roberts

Administrative Assistant:

Mrs. G. Knight

Clerks: 7

Dental Attendant 1

Dental Clerk 1

Secretary - Child Guidance Clinic:

Mrs. A. Tully, resigned 19.7.70

Mrs. C. Brown, appointed 20.7.70

B. Part-time Officers:

Medical Staff 2

Psychiatrist:

H. Bevan-Jones, M.R.C.S., L.R.C.P., D.P.M.

Psychiatric Social Worker:

Mrs. M.D. Howe, B.A., M.S.W., A.A.P.S.W., resigned 28.2.70

Senior Educational Psychologist:

Mrs. E.R. Harding, M.A.

Assistant Educational Psychologists:

Miss I.E. Clements, B.A.

Mrs. V.J. Macpherson, B.A.

Assistant School Dental Officer:

Mrs. J.T. Griffin, L.D.S., resigned 7.6.70

Speech Therapists:

Miss J. Sibley, L.C.S.T.

Miss M. Westoby, L.C.S.T., resigned 30.9.70

Mrs. H.J. Iles, L.C.S.T., appointed 28.9.70

Physiotherapist at Kingsdown School: 1

Physiotherapy Assistant: 1

Public Health Department,
Civic Centre,
Southend-on-Sea.

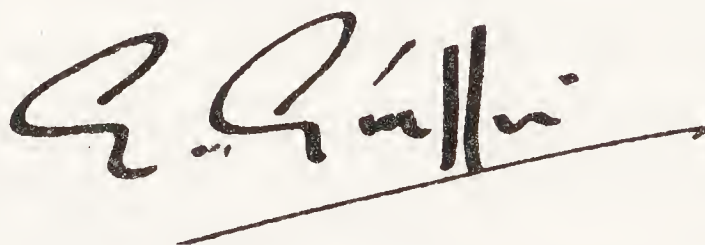
Tel: Southend 49451

ANNUAL REPORT

This report has been written in the main by Dr. Isabelle Barrie, Senior Medical Officer, to whom I wish to express my thanks, but I would also thank all the staff of the School Health Service who were responsible for carrying out the work and who collected the information for this report.

Some progress was again made in the provision of new services to the school population but resources remained strained.

Once more I would record my thanks to all members of the Committee for their co-operation and services.

A handwritten signature in black ink, appearing to read 'G. G. Halli', with a long horizontal line extending from the end of the signature.

Principal School Medical Officer

STAFF

Mr. J. Stratford, L.D.S. took up his post as Chief Dental Officer on the 1st June. Mrs. E. Brown was promoted from part-time dental surgery assistant to full-time dental surgery assistant. Mrs. J.T. Griffin, Acting Principal School Dental Officer resigned at the end of June as did Mrs. J. Marsh, dental surgery assistant.

Dr. L.H. Thacker, Medical Officer in Department, left to take a senior post with the Cumberland County Council on the 30th September 1970. Miss J. Westoby, one of our two Speech Therapists also left in September to emigrate to America on her marriage. Mrs. Howe, Psychiatric Social Worker in the Child Guidance Clinic left in February and her place has not yet been filled. Mrs. A. Tulley, Secretary in the Child Guidance Clinic, left in July and Mrs. C. Brown was promoted to Secretary. Her place was taken by Mrs. S.F. Cheek.

MEDICAL AND DENTAL INSPECTIONS

With the introduction of selective medical inspections the number of periodic inspections fell to 2,859 compared with 4,911 in the previous year: 155 pupils were found to require treatment compared with 156 last year.

Selective Medical Inspections

Selective medical inspection examination of "leavers", that is, pupils in their second last year of compulsory school attendance, began during the summer term. Because of school examinations and other school commitments it was decided to carry out in future this examination during the autumn term in the hope that it would be more convenient for the school staff. The "1972 school leavers" were therefore examined in the autumn term 1970: 1380 pupils were examined of whom 115 were found to require some form of treatment. Questionnaires were sent to the parents and scrutiny of these completed questionnaires by the school medical officers indicated that 2,071 pupils did not warrant, in the School Medical Officers' opinion, selection for medical examination. An opportunity however was given in the questionnaire to the parents to request a medical examination in case the pupil was not selected but the parent wished him to have one. This question was misinterpreted by some parents who took it as an opportunity to refuse a medical examination. The question has now been rephrased to avoid future misunderstandings. Vision testing and colour vision testing of the whole school population in this age group was carried out by the School Nurses.

Visits to Special Schools

The regular visits by school medical staff to the special schools were maintained. Co-operation between the medical and educational staff was good and the exchange of information and advice must have been to the advantage of the pupils attending these schools.

Medical Inspections of Young Children

All children are examined during their first year at school but children entering the nursery classes have a medical examination prior to entry. The child population below compulsory school entrance age is supervised by the Health Visitors.

Any of these children whose development causes concern to the Health Visitors are brought forward to the medical staff who keep their progress under review. The aim is that any child with a handicapping condition or potentially handicapping condition can be assessed and the condition dealt with as fully as possible before

school entry. If necessary the child is referred to the Educational Psychologist, the Speech Therapist or any other specialist. Facilities are available for the education of children under the age of five years with hearing problems at the Partially Hearing Unit. Limited facilities for children below compulsory school age are available at the Observation Unit sited at St. Christopher School. In other circumstances the admission of a child to the two nursery classes in the town may be recommended, or their placement in one of the private day groups or with daily minders may be arranged.

Dental Inspections

A restriction of dental inspections to pupils at primary schools was again necessary but emergency treatment and orthodontic treatment already started for secondary school pupils was continued. There were 2,245 dental inspections at school compared with 8,874 in the previous year, the number of sessions devoted to inspection being 11 against 45.

PROVISION OF MILK AND MEALS

The number of meals supplied in 1970 was 3,078,861: 61% of the children on roll in primary schools took meals, 57% in secondary schools. On a selected day 12% of the meals served to pupils in maintained schools were free. The total number of one-third pint bottles of milk supplied to primary maintained schools was 2,329,847 and independent schools 149,148, making a total of 2,478,995. On a selected day 90% of the children present in primary schools took milk and 86% of the primary school-aged children present in independent schools took milk.

One new kitchen, at St. Georges R.C. School, opened during 1970, making a total of 46 kitchens. The following schools are the only maintained schools which continue to receive container meals from kitchens not on their own premises:

Hamlet Court Junior Mixed
Hamlet Court Infants
St. Helens R.C. Juniors Mixed and Infants.

Meals were supplied as usual to three independent schools, the Junior Training Centre and the Meals-on-Wheels Service. There were no outbreaks of food poisoning associated with the School Meals Service.

ARRANGEMENTS FOR TREATMENT

General

A. School Clinics

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. Monday to Friday throughout the year.

B. Minor Ailment Treatment Centre

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m. Monday to Friday.
(Treatment by School Clinic Nurse)

C. Dental Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 5 sessions weekly until 7.6.70.

A second Surgery open for 10 sessions weekly from 1.6.70.

No. 70 Burnham Road, Leigh-on-Sea.

Owing to staff shortage, this Clinic was not open during the year.

D. Eye Clinic

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday morning at 9.30 a.m.

E. Child Guidance Clinic

Psychiatrist provided by Regional Hospital Board.

Premises and ancillary staff provided by Local Authority.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Psychiatrist attends on 6 sessions a week, on Monday, Tuesday and Friday throughout the year.

F. Speech Therapy Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The clinic works on an appointments system. Two Speech Therapists are employed, working at the Central Clinic and at the clinic premises at Leigh and Thorpedene as required. They are also engaged on work at the schools. Visits are paid to ordinary schools and regular visits to special schools.

The central clinic at the Municipal Health Centre, Warrior Square, continues to provide a full range of services comprising inspection clinics, minor ailment treatment centre, dental clinic and special clinics for child guidance, speech therapy and ophthalmic services. These premises are shared by the maternity and child welfare and immunisation services of the Health Committee, as are the peripheral clinics at Eastwood, Leigh, Westcliff and Thorpedene.

Malnutrition

No child examined at a periodic medical inspection was considered to be in an unsatisfactory physical condition. Teachers are encouraged to refer to the school health service any child whose condition causes them concern.

Minor Ailments

There were 1,136 attendances at school clinics compared with 1,590 in 1969. These figures include both chance attendances at the medical officers' clinics and special examinations undertaken by appointment. With the appointment system more time is available to be spent on the child and his problem. The clinics at Leigh, Kent Elms and Thorpedene remained closed for casual attenders but when it was found that there were sufficient children requiring examination in these areas special clinics were arranged and the pupils invited to attend there by appointment. School clinic arrangements at Warrior Square were maintained: 278 attendances for treatment of minor ailments were dealt with by the school clinic nurse. In addition 1639 treatments for plantar warts were carried out compared with 982 last year.

**Uncleanliness
and Verminous
Conditions**

Thirty-six pupils were found to be infested in the course of 29,312 inspections. The school nurses were responsible in the main for the supervision of these conditions. Children are excluded from school until infestation is cleared. The Headteachers require a clearance certificate before allowing the pupil to re-enter the school, the certificate being obtained from either the School Health Service staff or from the General Practitioner.

**Convalescent
Treatment**

No children were recommended for convalescent treatment under the Education Committee's scheme. Convalescence which is required as a continuation of hospital treatment is provided by the hospital service under the National Health Service.

**Dental
Treatment**

The work of the Dental Department was hindered because of the large number of staff changes, and the fact that only one surgery was in use. With the appointment of a full-time Dental Surgery Assistant in July the clinic became operational on a full-time basis which is considered an improvement on the previous sessional arrangements. With the recent appointment of a dental filing clerk the re-organisation and modernisation of the dental record filing system, including the school dental records, became well under way. Complete inventories of equipment and materials used have also been compiled. In June the Department received a new anaesthetic machine and the setting up of an X-ray dark room enabled more advanced forms of dental treatment to be carried out.

During the year 17 primary schools were visited to assess the need among this age group for dental treatment. The opportunity of demonstrating basic toothbrushing techniques was availed of while in the schools and to interest the children in oral hygiene and dental care.

The activity of the dental service is reflected in the following statistics:-

2,245 children had first inspections at school this year in comparison with 8,874 last year.

There were 607 first visits to the Dental Clinic in comparison with 1,383 last year and 628 further visits this year in comparison with 1,200 last year.

171 children were treated at emergency sessions.

**Eye Diseases
and defective
Vision**

Children with squints are referred direct to a consultant at the hospital. Children found to have refractive errors may attend the Eye Clinic at the Municipal Health Centre or a private optician. Variation in visual acuity may appear at any age during school life and as the onset is gradual the child may not realise that his visual acuity is deteriorating. The screening services are bringing forward to our attention many of these children, and the school nurses on occasion have difficult jobs in persuading the parents that action should be taken in the interest of their child's vision.

**Orthoptic
Clinic**

Since 1968, children requiring orthoptic treatment have attended the General Hospital.

**Diseases of
the Ear, Nose
and Throat**

At periodic, selective and special inspections by the School Medical Officers, eight children were reported to require treatment for conditions of the nose and throat. Screening audiometric tests of hearing are being carried out by the school nurses and when indicated the children are referred to the school medical officers for

further investigations. Some general practitioners are now referring children to the School Health Service for assessment of hearing. In many cases the condition does not warrant surgical intervention, nor will medical treatment improve the condition. The children's conditions are reported to the Headteachers by the medical staff and advice on their management in school is given. It is hoped that in the future a peripatetic teacher of the deaf will be able to supervise these pupils' progress in school. The aim is to prevent these children becoming educationally retarded because of their difficulty in hearing in the school situation.

The Department of Education and Science would like the number of pupils of all ages known to have received operative treatment for adenoids and chronic tonsillitis to be reported. Ninety-seven cases were reported to the Local Authority from the hospital this year against 244 in 1969 but this number is believed to be an under-estimate. The Health Department tries to keep a complete record of the number of children wearing hearing aids in school. A school medical officer and the teacher in charge of the partially hearing unit are informed of these cases and an attempt is made to advise the school staff and the pupil as to the best use of the equipment.

Orthopaedic and Postural Defects

Advice and in-patient treatment are provided locally at Southend General Hospital where 141 children are known to have attended the Orthopaedic Outpatient Department this year. Children with these defects are kept in an ordinary school if possible but if this would be detrimental to their education or health, they can be transferred to Kingsdown School for physically handicapped and delicate children, or if need be to residential special schools.

Two local authority doctors attend the hospital outpatient department where some of these children are under observation and one medical officer attends the special clinic for cerebral palsied children. The consultant paediatrician and a physiotherapist employed by the hospital visit Kingsdown School. This arrangement helps to provide continuity of care and treatment between the hospital and the school.

Speech Therapy

This service was available throughout the year, two speech therapists being in post. The special schools were visited regularly: 395 children were treated (2749 attendances).

The following table shows the number and classification of the defects under treatment during the year:-

Diagnosis	Boys	Girls	Total
Defective articulation	160	56	216
Retarded speech and language	43	21	64
Non-fluency	22	11	33
Cleft palate	6	4	10
Hypernasality	6	4	10
Specific language disorder	9	-	9
Communication disorder	13	4	17
Hearing loss	10	3	13
Dysarthric/dyspraxic element	10	6	16
Dysphonia	4	3	7
	283	112	395

Child Guidance

The work of the Child Guidance Clinic continued in its pattern of individual and group interviews by the Consultant Psychiatrist of the children, their parents and those involved with the children. Group therapy was provided with the full co-operation of all the staff. The report of the Educational Psychologists who form part of the Child Guidance team is dealt with more fully in the Chief Education Officer's Annual Report.

Part-Time Psychiatrist:

Interviews with children	...	...	...	...	540
Interviews with parents	...	...	...	...	541
Interviews with Head Teachers, Probation Officers and other agencies	...	...	...	...	230

Educational Psychologists (1.4.70 to 31.3.71)

(Figures also refer to work of school psychological service)

Interviews with children at clinic and school	...	...	...	...	1001
Interviews with parents	...	...	...	...	809
Interviews with Head Teachers	...	...	...	...	383
Interviews with Class Teachers	...	...	...	...	429

The following tables show the sources of referral in the 129 cases referred to the clinic during the year, and the age range of the children concerned:-

Sources of Referral

				Boys	Girls	Total
Parents	...	...	...	10	7	17
Principal School Medical Officer	...	...	...	12	5	17
Probation Officers/Juvenile Court	...	...	...	1	5	6
General Practitioners	...	...	...	30	9	39
Medical Officers (S.G.H.)	...	...	...	4	6	10
Educational Psychologists	...	...	...	20	5	25
Head Teachers	...	...	...	3	3	6
Other Agencies	...	...	...	8	1	9
				88	41	129

Age Range

				Boys	Girls	Total
Under 5 years	...	...	...	5	7	12
5 - 7 years	...	...	...	27	5	32
8 - 10 years	...	...	...	26	11	37
11 - 13 years	...	...	...	19	13	32
14 - 16 years	...	...	...	11	5	16
				88	41	129

WORK OF THE SCHOOL NURSES

The Health Visitors have a joint appointment of Health Visitor/School Nurse. Three school nurses without the Health Visitor's qualification are employed so that the services to the school can be maintained. The school nurses attended the sessions for medical inspections which are carried out on all new entrants to school and all pupils in last year at junior schools. They officiate at the sessions of the selective medicals of 13 year olds, and carry out screening tests of vision and hearing on pupils at the age of 5 and 7, as well as vision tests on pupils at the age of 10 and 13 years, including colour vision of both boys and girls. Cleanliness inspections were carried out when indicated. Co-operation from the schools in assisting to make this task

more easy was appreciated and it is hoped that the pupils have benefited from the visits of the school nurses. The following Table gives some idea of the medical reasons for the school nurses follow-up visits to the Home.

	No.of Children visited by		No. of Visits made by	
	Health Visitors	School Nurses	Health Visitors	School Nurses
Parent counselling and Emotional problems	3	23	2	16
Encourage attendance for Special examination	-	247	-	266
Hearing difficulties ...	-	137	-	140
Squint or Defective vision ...	-	191	-	201
Verminous conditions ...	-	208	-	136
Infectious Diseases ...	6	41	3	49
Contagious skin diseases (Impetigo, Ringworm)	2	155	1	91
Poor physical condition or dirty ...	1	74	1	74
Vaccination or Immunisation ...	-	8	-	9
Other Conditions ...	2	145	2	178
Total		14 1229	9 1160	
		1243	1169	

HEALTH EDUCATION

There was no real improvement in the amount of time that the Health Visitors and School Medical Officers were able to provide to the schools. The Health Visitor appointed as Health Educator is becoming known at most schools and more requests are being made for her assistance in the schools' plans for health education.

HANDICAPPED PUPILS

Day Schools

The Authority has two day schools for educationally subnormal pupils, one day school for physically handicapped and delicate pupils and one day school for maladjusted pupils. There is a special unit for partially hearing children attached to Prince Avenue Infant School and there is a small unit sited at St. Christopher School for children up to the age of 7 years whose general development is delayed or is abnormal in some way.

In each case the pupil is assessed as fully as possible before a recommendation is made to transfer him from an ordinary school to a special school. In each of the special schools there are many pupils who suffer from more than one handicap and every effort is taken to ensure that the staff at the school are aware of the whole picture.

HOSPITAL AND HOME TUITION

Mrs. Jean Berg continues to provide hospital tuition. She attends the medical and surgical wards at Southend General Hospital and during the year approximately 576 children received tuition, 299 of these being from Essex. The ages range from infancy to school leaving age.

Co-operation

The co-operation of the head teachers of schools, the nursing staff and the occupational therapists is an essential part of this service. A teacher is not provided

at Rochford Hospital but any child who is admitted for other than short-term care is catered for on an individual basis by a school, via the Education Department.

No teacher was employed for home tuition this year.

UNIT FOR PARTIALLY HEARING CHILDREN

Site

This Unit is sited at Prince Avenue Infant School. It caters for children whose hearing is so defective that without early detection and early training in speech and language development, they might well in later life be deaf and dumb. Although some are severely deaf, most of the children do have some residual hearing which the special teachers attempt to utilize to teach them language and speech. The Unit is now catering for the more severely handicapped children in the area. It is the responsibility of the School Health Service to draw the attention of the Education Department to these children at as early a stage as possible. In the earliest months it is the parents who are taught how to teach their children to communicate. The children are subsequently admitted to the Partially Hearing Unit and the parents encouraged to maintain close contact with the staff of the Unit. Every attempt is made to keep hearing-impaired children at home rather than in residential care as long as possible as it is considered in their best interests to learn to cope with family living and to exist in an ordinary community. It is believed that these skills are best learnt by growing up at home. In some cases, however, a decision has to be made that if a child is to make any further progress his admission to a residential school must be arranged.

Admission

With earlier diagnosis and earlier skilled teaching and with the development and improvement of hearing aids more children are now attending ordinary school who would previously have required admission to special units. They do, however, require the supervision of a teacher specially trained in dealing with partially hearing pupils. The screening programmes for hearing problems in school children are bringing to attention more pupils who have a hearing loss which is likely to cause problems in school and interfere with their education. It is hoped that when the staff situation has improved, a more careful supervision will be provided for these children and more advice on their education made available to the schools.

Later Stages

At the present time if a pupil reaches junior school age and is unable to integrate in an ordinary school admission to a residential school has to be arranged. Some infant and junior pupils who have sufficient speech and language development for them to be able to integrate in ordinary school, are admitted to Prince Avenue Infant and Junior School so that they can continue to have regular therapeutic sessions from the trained teachers of the deaf. The progress of the children in the Unit is reviewed frequently so that they are transferred if necessary to the most appropriate school.

SPECIAL SCHOOLS

St. Christopher and St. Nicholas Schools

These two schools provide day special education for educationally subnormal pupils. It was possible to maintain regular visits to these schools by School Medical Officers this year. Each school provides an evening centre which affords educational, recreational and industrial experience for school leavers. The Headteachers maintain contact with the other local authority officers who are involved in the care of children attending these schools.

Recently it has been possible to consider for admission to these schools not only pupils who are mentally subnormal but also those who, despite being at the lower end of normal intelligence, are so educationally retarded that they require remedial education not at present available in ordinary schools.

The progress of these pupils will be carefully reviewed as it is hoped that with adequate remedial education their transfer to ordinary education will be possible.

Kingsdown School

This day school for physically handicapped and delicate children provides 120 places. When places are available they may be taken up by children from Essex. Physiotherapy is provided by a physiotherapist and her assistant who are employed by the Hospital Management Committee and whose salaries are reimbursed to the Hospital Management Committee by the Education Authority.

The Consultant Paediatrician for Southend Group Hospitals acts as paediatric adviser to the school. He visits once per month. The medical officer attached to the school works as a clinical assistant at the paediatric outpatients clinic and the cerebral palsy clinic. This close co-operation between hospital and school is considered a great advantage to the care and supervision of the pupils at this school.

The Southend and District Riding Club for the Disabled have made arrangements for some of the pupils at the school to learn horse riding. Swimming is available for most of the pupils who would benefit from this activity. The following table shows an analysis of the conditions of the 124 children who were in attendance during the year.

Condition	Boys	Girls
Abnormal Gait	-	1
Achondroplasia	-	1
Arthrogryposis	2	-
Asthma	17	9
Ataxia	2	-
Athetosis	1	-
Bronchiectasis	1	-
Cerebral Palsy	14	6
Cerebral Tumour	-	2
Progressive Cerebellar Syndrome	1	-
Coeliac Disease	-	1
Congenital Dislocation of Hip	-	1
Congenital Heart Disease	1	4
Craniopharyngioma	1	-
Dermatomyositis	-	1
Diabetes	-	2
Eczema	2	-
Emotional Difficulties	1	2
Epilepsy	1	4
Facio-Scapulo-Humeral Myopathy	-	1
Fallot's Tetralogy	1	1
Fybro Cystic Disease	1	-
Fragilitas Ossium	-	1
General Debility	1	-
Haemophilia	1	-
Hemiparesis	1	-
Hemiplegia	-	1
Hydrocephalus	-	1

Conditions				Boys	Girls
Hypospadias	...	...	...	1	-
Hypotonia	...	...	...	2	-
Ichthyosis	...	...	...	1	-
Meningo Myelocele	...	...	...	-	1
Migraine	...	...	...	1	-
Morquio's Disease	...	...	...	1	-
Muscular Dystrophy	...	...	...	3	-
Myelomeningocele and Hydrocephalus	...	...	...	-	2
Osteogenesis Imperfecta	...	...	...	-	1
Paraplegia	...	...	...	1	-
Partial sight	...	...	...	-	2
Perthes Disease	...	...	...	2	-
Post-Poliomyelitis	...	...	...	-	1
Pyelonephritis	...	...	...	1	-
Rheumatoid Arthritis	...	...	...	-	1
Recurrent Respiratory Infections	...	...	...	2	2
Rheumatic Carditis	...	...	...	-	1
Scoliosis	...	...	...	-	2
Spina Bifida	...	...	...	2	5
Upper Motorneurone Disease	...	...	...	-	1
				66	58
				Total 124	

Priory School

Priory School is a day school providing special education for 50 maladjusted children. There is a waiting list for admission. Admission is made on the recommendation of the Principal School Medical Officer, acting on the advice of the consultant psychiatrist at the Child Guidance Clinic. Most children are discharged back to ordinary school, very few transfer to residential school.

Residential Schools

The authority provides no residential special schools and the following table shows the number of children with varying categories of handicap, who have attended residential special schools during the year.

				Boys	Girls
Blind and Partially Sighted					
East Anglian School, Gorleston-on-Sea	...	...	...	2	-
Royal Normal College, Shrewsbury	...	...	...	1	-
Dorton House, Seal	...	...	...	-	1
Blatchington Court School, Seaford	...	...	...	-	1
Deaf and Partially Hearing					
Mary Hare Grammar School, Newbury	...	...	...	-	1
Nutfield Priory	...	...	...	-	2
Woodford School, Woodford Green	...	...	...	7	3
Hamilton Lodge	...	...	...	1	-
Royal School, Margate	...	...	...	-	2
East Anglian School, Gorleston-on-Sea	...	...	...	1	-
Ovingdean Hall, Brighton	...	...	...	1	-
Tewin Water School, Welyn	...	...	...	-	1

				Boys	Girls
Educationally Subnormal					
Camphill School, Aberdeen	...	...	...	1	-
Ramsden Hall	...	...	...	1	-
Sheiling School, Bristol	...	...	...	1	-
Pield Heath School, Hillingdon	...	...	...	-	1
East Hill House, Colchester	...	...	...	1	-
Seabrook Lodge School, Hythe	...	...	...	1	-
Michael House School, Ilkeston	...	...	...	-	1
Physically Defective and Delicate					
Hawkesworth Hall, Guiseley	...	...	...	1	1
Staplefield Place School, Sussex	...	...	...	-	1
John Capel Hanbury School, Woodford Bridge	...	...	...	-	1
Ingfield Manor, Billingham	...	...	...	1	-
Florence Treloar, Alton	...	...	...	-	1
Wilfred Pickles School, Duddington	...	...	...	1	-
Epileptic					
Lingfield Hospital School	...	...	...	3	2
Maladjusted					
Pitt House	...	...	...	1	-
Speech Defect					
Moor House, Oxted	...	...	...	2	-

Handicapped Pupils	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1) - (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
In the year ended 31st December, 1970											(11)
Newly ascertained as requiring special schooling	-	-	-	1	4	3	15	12	-	-	35
boys											
girls											
(i) No. of above newly placed in special schools	-	1	-	-	4	6	3	15	-	-	29
boys											
girls											
(ii) Ascertained prior to 1.1.70 and newly placed in special schools	-	-	-	-	3	2	9	11	-	-	25
boys											
girls											
	-	1	-	-	4	6	3	13	-	-	27
	-	-	-	1	1	2	4	1	-	1	10
	-	-	-	-	1	-	1	-	-	-	2
Requiring Places in special schools	-	-	-	-	-	2	16	7	-	-	25
(a) Day	-	-	-	-	-	-	4	7	-	-	11
boys											
girls											
(b) Boarding	-	-	-	1	-	-	2	3	-	-	6
boys											
girls											
(i) Attending maintained special schools:-	-	-	-	-	-	-	-	-	-	-	-
(a) Day	-	2	-	-	18	11	34	111	-	-	174
boys											
girls											
(b) Boarding	-	1	-	1	12	10	12	86	1	-	123
boys											
girls											
(ii) Attending non-maintained special schools:-	-	-	-	3	-	-	1	-	-	-	3
(a) Day	-	-	-	-	-	-	-	-	-	-	5
boys											
girls											
(b) Boarding	1	1	1	2	1	1	-	1	2	2	7
boys											
girls											
(iii) Attending independent Schools	-	-	-	-	-	-	-	-	-	-	-
(a) Day	-	-	-	-	-	-	-	-	-	-	-
boys											
girls											
(b) Boarding	-	-	2	4	1	-	1	2	-	-	10
boys											
girls											
Receiving Education otherwise than at school:-	-	-	-	-	-	-	-	-	-	-	-
(i) In hospital	-	-	-	-	-	-	-	-	-	-	-
boys											
girls											
(ii) In other groups	-	-	-	-	-	-	-	-	-	-	-
boys											
girls											
(iii) At home	-	-	-	-	-	-	-	-	-	-	-
boys											
girls											
TOTAL	-	2	3	7	19	13	53	124	2	2	225
boys											
girls	1	3	2	6	14	11	17	95	3	-	152

NURSERY CLASSES

Waiting Lists

There are two nursery classes in the borough, one at Bournemouth Park and the other at Blenheim Primary Schools. There is a long waiting list for admission to both and because of this there is a tendency to restrict the admission to children of four years of age and older. Some children are given priority of admission at the request of the Principal School Medical Officer on medical and social grounds. The children whose circumstances are unsatisfactory and for whom priority of admission seems necessary appears to increase all the time. It is not considered desirable that handicapped children outnumber ordinary children in these classes. A pre-school medical examination is arranged for children entering nursery classes. Children admitted at the request of the Principal School Medical Officer are reviewed at regular intervals. All children are later seen in their first year of infant school.

TRAINING OF DISABLED PERSONS

Training

Education for backward readers is available at the further education centres at St. Christopher School and Fairfax High School. Some educationally subnormal children may require sheltered working conditions or further training and limited facilities are available at the Senior Training Centre which is sited in the former Education offices at Warrior Square. Industrial experience, social training and academic work can be continued there. The building of a new Senior Training Centre with 120 places was almost completed this year and it should be fully operational in 1971.

Further Training

Further training for physically handicapped persons can be made by arrangement with the Health Committee and with the co-operation of the Department of Employment and Productivity. Handicapped pupils can also undertake training at the College of Technology.

EMPLOYMENT OF SCHOOL CHILDREN

Pupils seeking employment require to be examined only when specially indicated: 20 boys and 29 girls were examined prior to temporary theatrical employment this year.

YOUTH EMPLOYMENT SERVICE

Selective Medical Examinations

With the introduction of Selective Medical Examinations on school leavers, the amended Y9 form for the information of the Careers Officer was completed by the School Medical Officer only when he had information which he considered would be useful to the Careers Officer. The Careers Officer requests information when he considers that further information on school leavers would assist him in placing a pupil. Increasing attention is being paid to the School leavers from the special schools, and discussions between the Careers Officer and all those involved with the pupils take place to supplement the written reports. This entails more work for all concerned but it is hoped a much more efficient service is being provided for these pupils.

SCHOOL HYGIENE

Water

No health problems have been experienced through the use of learner swimming pools at school. All are provided with automatic filtration and chlorination units. Daily records are kept of the residual chlorine content and Ph of the water

Public Health Inspectors take samples periodically for bacteriological examination. During the winter there was an epidemic of what in retrospect might be termed as "winter vomiting disease" in some schools in the County Borough. Full investigations were carried out but no specific organism causing the infection was isolated. This is the usual finding, since the condition is almost certainly due to a virus which has not yet been isolated.

School Meals Service

Applicants for posts in the School Meals Service submit a health questionnaire for scrutiny by a medical officer and are given written instructions on personal hygiene. Supervisory Assistants in addition are required to produce evidence of a satisfactory chest X-ray examination. Whenever a member of Kitchen Staff or School Meals Assistant has suffered a gastro-intestinal upset the opinion of the Medical Officer is sought and guidance is given concerning her return to work. Great credit is due to the School Meals Service staff for the absence once more of outbreaks of food-borne infection.

INFECTIOUS DISEASES

One boy in an infant school was found to be suffering from tuberculosis. Full investigations were carried out and it is believed he was a contact of a family infection. No further action was considered necessary.

PROPHYLACTIC MEASURES

The Local Health Authority has been providing, for some time, protection against poliomyelitis, smallpox, diphtheria, whooping cough, tetanus and measles. In October 1970 rubella vaccine became available from the Local Authority and General Practitioners under the National Health Service. Visits to senior schools started in November 1970 to vaccinate the 13-year old girls against rubella.

B.C.G. vaccination against tuberculosis is the responsibility of the Chest Clinic and the School Health Service. A nurse carries out the Heaf test annually during the first three years of attendance at secondary school. Those who remain Heaf negative in the third year are offered B.C.G. vaccination. Those who have not accepted and new entrants are offered inclusion in the service in the following year. Tests are read by a nurse and any positive or doubtful positives are referred to the Medical Officer. Any pupils showing a Grade II reaction are referred for chest X-ray examination and stronger reactors along with family contacts are also referred. Children who have been previously vaccinated with B.C.G. and who exhibit a Grade three or four response are likewise referred for X-ray examination.

In the B.C.G. age group (13 years) 1,987 children were tested, of whom 1,900 were negative reactors and 1,826 received B.C.G. vaccine. In addition 3,728 children outside this age group received a skin test.

**PART I – MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)**

TABLE A – PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			No. of pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory			For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total Individual Pupils (8)
			No.	No.				
1966 and later	41	41	-	-	-	-	1	1
1965	400	400	-	-	-	7	20	26
1964	387	387	-	-	-	16	6	22
1963	65	65	-	-	-	1	2	3
1962	15	15	-	-	-	-	-	-
1961	5	5	-	-	-	1	-	1
1960	5	5	-	-	-	-	-	-
1959	1294	1294	-	-	-	37	20	57
1958	647	647	-	-	-	33	12	45
1957	603	603	-	-	838	27	40	64
1956	587	587	-	-	958	24	22	45
1955 and earlier	190	190	-	-	275	2	5	6
TOTAL	4239	4239	-	-	2071	148	128	270

TABLE B – OTHER INSPECTIONS

Number of Special Inspections	21,601
Number of Re-inspections	<u>8,552</u>
	<u>30,153</u>

TABLE C – INFESTATION WITH VERMIN

(1)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	29,312
(2)	Total number of individual pupils found to be infested	36

SCREENING TESTS OF VISION AND HEARING

1(a)	Is the vision of entrants tested as a routine within their first year at school?	Yes																						
(b)	If not, at what age is the first routine test carried out?	-																						
2	At what age(s) is vision testing repeated during a child's school life?	<table><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td></td><td>✓</td><td></td><td></td><td>✓</td><td></td><td></td><td></td><td>✓</td><td></td><td></td></tr></table>	6	7	8	9	10	11	12	13	14	15	16		✓			✓				✓		
6	7	8	9	10	11	12	13	14	15	16														
	✓			✓				✓																
3(a)	Is colour vision testing undertaken?	Yes																						
(b)	If so, at what age?	13+																						
(c)	Are both boys and girls tested?	Yes																						
4(a)	By whom is vision testing carried out?	School nurses																						
(b)	By whom is colour vision testing carried out?	School Medical Officers and School Nurses																						
5(a)	Is routine audiometric testing of entrants carried out within their first year at school?	Yes																						
(b)	If not, at what age is the first routine audiometric test carried out?	-																						
(c)	By whom is audiometric testing carried out?	School Nurses																						

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR
TABLE A - PERIODIC INSPECTIONS

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1970

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	-	27	3	70	1	85	4	182
5	Eyes - (a) Vision (b) Squint (c) Other	25 3 -	50 13 -	53 2 -	229 13 7	70 3 -	243 23 14	148 8 -	522 49 21
6	Ears - (a) Hearing (b) Otitis Media (c) Other	9 - -	58 4 86	10 1 -	32 10 7	8 2 -	27 25 78	27 3 -	117 39 171
7	Nose and Throat	1	70	3	72	2	120	6	262
8	Speech	10	33	-	9	-	12	10	54
9	Lymphatic Glands	-	4	-	1	-	4	-	9
10	Heart	-	3	-	12	-	19	-	34
11	Lungs	-	16	-	57	-	69	-	142
12	Developmental (a) Hernia (b) Other	1 -	1 2	- -	- 5	- -	4 46	1 -	5 53
13	Orthopaedic - (a) Posture (b) Feet (c) Other	- - -	- 17 22	- 37 1	11 44 37	- 5 1	7 86 32	- 42 2	18 147 91
14	Nervous System - (a) Epilepsy (b) Other	- -	3 6	1 -	16 41	- -	6 32	1 -	25 79
15	Psychological (a) Development (b) Stability	- -	14 14	- 1	29 17	- 1	18 35	- 2	61 66
16	Abdomen	-	9	-	28	-	29	-	66
17	Other	6	8	8	45	9	58	23	111

TABLE B - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	30	7
5	Eyes - (a) Vision	379	1091
	(b) Squint	16	16
	(c) Other	3	1
6	Ears - (a) Hearing	11	426
	(b) Otitis Media	9	-
	(c) Other	11	1
7	Nose and Throat	2	4
8	Speech	8	4
9	Lymphatic Glands	2	-
10	Heart	-	-
11	Lungs	1	-
12	Developmental:-		
	(a) Hernia	-	-
	(b) Other	1	-
13	Orthopaedic:-		
	(a) Posture	-	-
	(b) Feet	5	2
	(c) Other	10	2
14	Nervous system:-		
	(a) Epilepsy	1	1
	(b) Other	-	-
15	Psychological:-		
	(a) Development	-	6
	(b) Stability	274	2
16	Abdomen	-	5
17	Other	21	8

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	-
Errors of refraction (including squint)	291
Total	291
Number of pupils for whom spectacles were prescribed	147

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<u>Number of cases known to have been dealt with</u>
Received operative treatment	
(a) for diseases of the ear	16
(b) for adenoids and chronic tonsillitis	97
(c) for other nose and throat conditions	5
Received other forms of treatment	<u>2</u>
Total	<u>120</u>
Total number of pupils in school who are known to have been provided with hearing aids	
(a) in 1970 	4
(b) in previous years 	54

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	<u>Number of cases known to have been treated</u>
(a) Pupils treated at clinics or outpatient departments 	141
(b) Treated at school for postural defects	-

TABLE D - DISEASES OF THE SKIN
(excluding uncleanliness for which see Table D of Part I)

	<u>Number of cases known to have been treated</u>
Ringworm:(a) Scalp 	-
(b) Body 	3
Scabies 	55
Impetigo 	15
Other skin diseases 	<u>308</u>
Total	<u>381</u>

TABLE E - CHILD GUIDANCE TREATMENT

	<u>Number of cases known to have been treated</u>
Pupils treated at Child Guidance Clinics	270

TABLE F - SPEECH THERAPY

	<u>Number of cases known to have been treated</u>
Pupils treated by Speech Therapists ...	385

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments ...	582
(b) Pupils who received convalescent treatment Under School Health Service arrangement	-
(c) Pupils who received B.C.G. vaccination	1826
(d) Tuberculin Surveys (other than for B.C.G.)	4342
(e) Physiotherapy	55
(f) Orthoptic Clinic	950
(g) School children seen at Southend General Hospital Casualty Department	1574
	<u>9329</u>

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY**

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	341	242	24	607
Subsequent visits	263	328	37	628
Total visits	604	570	61	1235
Additional courses of treatment commenced	15	13	1	29
Fillings in permanent teeth ...	201	579	71	851
Fillings in deciduous teeth ...	398	47	-	445
Permanent teeth filled ...	152	442	57	651
Deciduous teeth filled ...	372	43	-	415
Permanent teeth extracted ...	49	154	36	239
Deciduous teeth extracted ...	472	156	-	628
General anaesthetics ...	91	49	5	145
Emergencies	83	78	10	171

Number of pupils x-rayed	5
Prophylaxis	27
Teeth otherwise conserved	24
Number of teeth root filled	2
Inlays	-
Crowns	-
Courses of treatment completed	510

ORTHODONTICS

New cases commenced during year
 Cases completed during year
 Cases discontinued during year
 No. of removable appliances fitted
 No. of fixed appliances fitted
 Pupils referred to Hospital Consultant

10
5
1
14
-
-

PROSTHETICS

Pupils supplied with F.U. or F.L. (first time)
 Pupils supplied with other dentures (first time)
 Number of dentures supplied

5 to 9	10 to 14	15 and over	Total
-	-	-	-
-	1	-	1
-	1	-	1

ANAESTHETICS General Anaesthetics administered by
 Dental Anaesthetists

145

INSPECTIONS

(a) First inspection at school
 (b) First inspection at clinic
 Number of (a) and (b) found to require treatment
 Number of (a) and (b) offered treatment
 (c) Pupils re-inspected at school clinic
 Number of (c) found to require treatment

Number of pupils	2245
Number of pupils	404
	1858
	1856
	66
	65

SESSIONS

Sessions devoted to treatment
 Sessions devoted to inspections
 Sessions devoted to Dental
 Health Education

247
11
12

